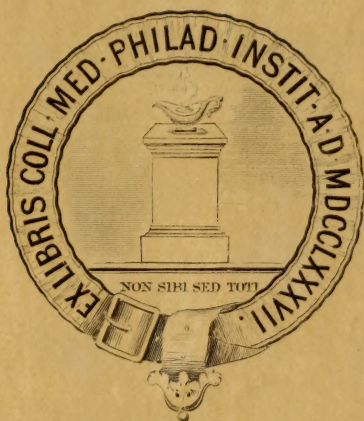






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*Presented by*  
*R. J. Dunglison, M.D.*











THE



# HAHNEMANNIAN

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EDITED BY

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THE  
HAHNEMANNIAN  
MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

PEMBERTON DUDLEY, M. D., EDITOR AND PUBLISHER.

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The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

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Original Contributions.

SYSTEMATIC MICROSCOPICAL EXAMINATIONS OF URINARY SEDIMENTS  
FOR CHEMICAL PURPOSES.

BY CLIFFORD MITCHELL, M. D., PROFESSOR OF CHEMISTRY IN THE CHICAGO  
HOMŒOPATHIC MEDICAL COLLEGE.

SELECTION OF SPECIMEN.—If a possible thing, collect in serious cases the urine of each micturition during at least one period of twenty-four hours, and examine the sediment forming in each specimen; if the number of micturations be too great for this, examine the sediment in the urine voided on rising in the morning, that voided after the principal meal of the day, and at least one specimen voided after the greatest exercise which the patient may take. In chronic cases, where the patient is able to be about, be sure to examine a specimen voided after the patient has been on his feet for some time. I prefer to examine microscopically the urine of several micturations as above, rather than to examine a specimen of the whole 24 hours' mixed urine: for, if the urine is secured as soon as voided, note may be taken of the *exact length of time* the sediment is in forming. Care should be taken, however, to examine the urine of at least three micturations, namely as stated above, that voided on rising in the morning, that voided after digestion of the principal meal and that voided after the principal exercise.

COLLECTION OF SEDIMENT.—The specimens of urine selected for examination should be poured carefully, and without agitating, into



cylindrical glass vessels tapering toward the bottom and provided with a lip. Let them stand in these vessels until the sediment, if any, has formed in each, noting the time it takes, provided the urine were clear when freshly voided. After the sediment has formed in all three, pour off the supernatant urine from all down the side of a glass rod into another vessel and set aside and let it settle again. Now pour the three sediments and any urine which unavoidably is mixed with them, into a specially made apparatus consisting of a glass tube, say twelve inches long and one inch in diameter, tapering, if possible, toward the bottom, and provided with a glass stop-cock. The bottom part of an ordinary burette may be used if provided with a glass stop-cock. Such an apparatus is not cheap, but "it pays" to use it. [In another article I hope to be able to show cuts illustrating the sediment as collected in the ordinary way]. Let all three sediments settle in the apparatus provided with the glass stop-cock. When the column of urine is noticeably clear as contrasted with the sediment below it, turn the stop-cock very carefully and slowly and let *just one drop of sediment* flow out on the "slide" or "cell". Examine several drops from different parts of the sediment; this is done by turning the cock and allowing *a quantity* of the sediment to flow out, catching it in a clean vial, then catching the flow and obtaining just one drop again as before. The sediment which flows out into the vial should not be thrown away, but a drop of it may be examined for purposes of comparison with the other drops. Lastly, go back to the supernatant urine which was poured off from the three vessels in which the three specimens originally settled; it will now be found, provided any length of time has elapsed, that a sediment begins to show itself in this urine also. I prefer not to add this to the sediment in the apparatus with the glass stop-cock, but either to use still another apparatus or to examine it in the ordinary way by use of a pipette.

The method described above is of special value in detecting tube casts which are not plenteous in the sediment nor easily recognizable. The chief objection to the method is the abundance of objects seen in the field of the microscope. A large cover glass, however, will in this case so scatter the constituents of the drop as to prevent them from clustering together and forming an *embarras de richesse*. Warm the slide gently if a brick-dust sediment cloud over other constituents, or add a drop of acetic acid if a light-colored amorphous sediment is all that is seen. (Use of chemicals explained further on).

Procure a microscope (good ones for urinary work can be had at from \$45 to \$65) provided with two objectives, half-inch and fourth-



inch or fifth-inch, and with two eye pieces, "A" and "C." The objectives, or object glasses, are the lenses which are to be placed on the lower part of the instrument near the object. They are so arranged as to screw on and off, and are never to be left on, except when the instrument is in constant use, but are to be kept in the metallic receptacles provided for them. In screwing them on and off, keep the fingers away from the glass, as it may be dimmed even by the vaporous exhalations from the skin. In the first examination of a sediment, screw on the half-inch objective and put in the A—lowest power—eye piece. Slip the cover glass gently over the sediment in the slide in such a way that it may not crush down hard upon it. Remove any liquid which may be on the slide outside of the cover glass by means of blotting paper, and place the slide on the stage of the microscope. Next work the coarse adjustment until the end of the object glass is tolerably near the slide, look through the eye-piece and see if there is a proper amount of light. The instrument should be on a table before a window looking, if possible, in the opposite direction to which the sunlight is coming. If, on looking through the glass, not enough light is seen, manipulate the mirror below until the light is flashed up through the drop of sediment. A little patience will accomplish this object. Next, with the eye not looking through the tube, but close down to the slide, work the adjustment until the object glass almost touches the cover glass, being careful not to let it touch it nor grind down upon it. Then look through the tube and work the adjustment in the opposite direction, *i. e.*, moving the object glass very slowly away from the cover glass. As the tube is moved the objects in the sediment gradually become visible. Continue the movement until the objects are in focus, using the fine adjustment if the microscope possesses one. In studying the sediment with the microscope, move, or cause the slide to be moved—according to the kind of stage the microscope has—until all portions of the drop under observation have been thoroughly scanned. Notice whether the objects seem to have definite geometrical form or not; *i. e.*, whether they are crystalline or not. Then for closer examination remove the one-half inch eye-piece and study with the one-fourth or one-fifth inch, and highest power eye-piece.

After the examination has been made, put back carefully the object glasses into their receptacles, take out the eye-pieces and put them away, and cover over the microscope with a pasteboard or glass cover. Wooden cases are sold as receptacles for the microscope and all its appurtenances, and are handy to have. The eye-pieces can be kept



in good order by removing dust from them with a camel's-hair pencil, or by a smart puff of breath, afterwards dissipating any vapor by rapidly moving the glass to and fro through the air. The best material for wiping glass is a piece of soft wash-leather, from which the dust has been well beaten out.

Rotate the eye-piece when looking at an object, and if the object rotates with the eye-piece it is some particle adhering to the eye-piece; remove by use of a clean, dry camel's-hair brush. If any cloudiness or dust is still present after the front and back surfaces have been thus carefully cleaned, unscrew, clean, and screw together again.

USE OF CHEMICALS IN MICROSCOPICAL WORK.—It is often necessary to study with the microscope the constituents of a sediment before and after addition of chemical reagents, as, for example, acetic acid. If it is desired to note the changes in the sediment as they take place gradually on addition of some chemical reagent, place a drop of the sediment on the slide, and near it a drop of the chemical solution; put a thin glass cover over the drop of sediment, and insert between the slide and cover glass the pointed end of a slip of blotting paper, the other end of which is in contact with the chemical. By capillary attraction the chemical solution and sediment will gradually mix.

The change brought about by the chemical may be quickly shown by adding a drop of it to a drop of the sediment, using the pipette or camel's-hair brush.

IDENTIFICATION OF ORDINARY CONSTITUENTS OF THE SEDIMENT.—Notice whether the objects in the sediment seem to have color, or are colorless.

Notice (1) whether they have definite geometrical form, as cubes, prisms, etc., or (2) are without geometrical form; *i. e.* whether they are (a) crystalline or (b) amorphous.

1. Objects having noticeable color, and marked geometrical form are *uric acid crystals*.

Now change the one-half inch objective for the one-fifth inch and (c) eye piece and notice as before:

2. Objects having no color, but of form like the reverse of a letter-envelope, or of dumb-bells, are *calcium oxalate crystals*.

3. Objects having neither marked color nor geometrical form, but of well-defined form, and not disappearing when the slide is warmed or when a drop of acetic acid is added, are probably *corpuscles* or *epithelium*.

4. Objects larger than the above, longer, and with club-shaped extremities are probably *tube-casts*.

Having observed presence or absence of uric acid and calcium oxalate proceed as follows :

(a) Warm the slide gently ; if the sediment clears, *urates* are present. (b) If the sediment does not clear on application of heat, take another slide, put on it a drop of the sediment, add to it a drop of acetic acid removed from its bottle by means of a clean pipette, place cover glass over it and examine as before ; if the sediment has disappeared on addition of the acid and was without definite shape, *calcium phosphate* is present.

Sometimes it is better to place a drop of the sediment on a clean glass slide, and near it a drop of the acetic acid ; then if a cover glass be put over the sediment with a thread between the slide and cover, the thread communicating with the acetic acid, and the latter withdrawn by capillary attraction over into the sediment, the changes taking place can be noted as they occur. If the sediment contained large prismatic crystals, *triple phosphate* is present.

(c) After information has been gathered concerning presence or absence of urates and phosphates, look for *blood corpuscles* ; if the urine is acid, and of normal specific gravity, these may be recognized without difficulty. If it is alkaline, it may be difficult or even impossible to recognize them. Obtain, therefore, a sample of the urine freshly voided and keep tightly corked in a cool place until the sediment has settled, then after collection proceed as follows :

First obtain a drop of blood from the hand by the prick of a needle, and on looking at it with the microscope—using the one-fifth inch objective, and C eye piece—a countless number of little smooth flat discs, either attached or adhering in rolls, yellow or reddish-brown in color, will be seen. These are called corpuscles. Notice that they have not a granular appearance, but, if the adjustment be moved so as slightly to change the focus, that they will change, as regards the shadow of centre and of circumference ; that is, they are concave on each side, or bi-concave, and changing the focus will give a dark circumference and a light centre, or vice versa. Set the fluid in motion, and it will be easy to observe with a high power the bi-concave form of those standing on their edges.

Next mix a little blood with a little acid urine, let it stand for a few hours, and draw off some of the sediment with a pipette, and examine. No great changes will be observed except that the blood corpuscles are separate, no longer in rouleaux, and appear paler than be-



fore, reddish with a slight greenish tinge. Blood corpuscles remaining for several days in acid urine, if of average specific gravity, are likely to become notched or indented.

Blood corpuscles in urine of low specific gravity swell, become spherical, and lose color. It is difficult to identify them in such urine. Such urine should be examined as soon as possible after being voided.

The spores of fungi resemble blood corpuscles; a high power will, however, show a "dot" in them called a nucleus; blood corpuscles have not this nucleus.

Examine always the sediment of a specimen of urine not over a day old at the most, and if circular discs or globules, without nuclei, separate, transparent or faintly yellow, with edges either smooth or dentated, are seen, blood corpuscles are present. Add a drop of acetic acid, and the corpuscles will either swell or shrink, and present a raspberry aspect.

(d) Next, or at the same time, look for *pus corpuscles*, using the one-fifth inch object glass and C eye-piece. These are spherical bodies, cellular in form, and larger than blood corpuscles. Obtain, if possible, laudable pus from a wound or abscess, and study them as in (c) mixing with urine, etc. They may be distinguished from blood corpuscles (a) by their nuclei shown by a drop of acetic acid (b) by their size, and (c) their granulations. Blood corpuscles have no nuclei and are smaller than pus corpuscles.

Pus corpuscles are always colorless; they are heavier than blood corpuscles. Let a sediment, containing both blood and pus, settle, and the pus will lie underneath the blood. In acid urine of high specific gravity, the pus corpuscles appear small and granular. In urine of very low specific gravity, they appear large and swollen, even two or three times as large as in normal urine; the granulations gradually disappear and the nuclei become very distinct. This may be shown by allowing pus to stand in distilled water for a time. In alkaline urine they appear large and swollen, and the nuclei are plainly visible. Pus corpuscles may be colored by iodine dissolved in potassium iodide solution; the corpuscles then appear yellow, and the nuclei darker or brownish-yellow. Dilute acetic acid (twenty per cent.) causes pus corpuscles to swell, the granulations to change and the nuclei to become rapidly distinct. In alkaline urine, after a time, the corpuscles coalesce, forming a homogeneous mass in which the nuclei only are visible. If in acid urine of average specific gravity, small granular, spherical or nearly spherical, cells, larger than blood corpuscles, are observed, pus is probably present. Add a drop of dilute acetic acid and notice the change in size and in the granulations and nuclei.

(e) **MUCUS CORPUSCLES.**—The description in (d) applies also to mucus corpuscles; these, however, seen with a high power, show usually but a single nucleus, whereas in the pus corpuscles, multiple nuclei may be observed. Finding of a little albumin in the urine helps us to distinguish pus corpuscles from those of mucus; albumin is found in urine containing pus, not in that containing mucus alone.

(f) **BACTERIA.**—These are the minute objects which give urine the turbidity which can hardly be removed by filtering. They appear with high powers either as (a) little trembling points of uniform size and rapidly proliferating in putrid urine (micrococci or spherobacteria); or (b) minute lines, in length about the diameter of a red blood disk, sometimes at rest, sometimes vibrating (staff-shaped or rod bacteria, microbacteria); or (c) filamentous, both straight (bacillus) and curved (vibrio).

When tuberculosis of the genito-urinary apparatus is suspected it is necessary, in order to establish the diagnosis, to detect the tubercle-bacilli. Ehrlich's process, as modified by Kirstein, is as follows: transfer the sediment to a cup-shaped glass, stir well, filter residue on a watch-glass, crush some of the matter between two cover glasses, slide one of the glasses slowly off of the other, pass this glass through flame three times slowly so as to fix it, let cool, and float in staining fluid. To make the staining fluid, mix 5 c.c. of aniline oil with 100 c.c. of distilled water. Carefully filter. To 100 c.c. of the filtered water add 11 c.c. of a concentrated alcoholic solution of methyl violet or fuchsin, and 10 c.c. of absolute alcohol.

Warm the fluid and let the cover glass float in it for an hour. Then take out, rinse with distilled water, wash out color for a few seconds with diluted nitric acid (one part of officinal nitric to three of water), rinse again with distilled water. The sediment is put into a 1 or 2 per cent. aqueous solution of Bismarck-brown for half a minute to a minute, rinsed, dried, mounted in water or Canada balsam and examined. The pus cells and some of the other bacteria are stained brown, but the tubercle bacilli have taken on a dark blue or red-brown color.

(g) **EPITHELIAL CELLS.**—These are often much larger than blood or pus corpuscles; they do not resemble crystals at all, having neither color nor definite geometrical shapes. Three kinds of epithelium should be looked for: 1. Round cells; 2. Cylindrical or conical and simple; 3. Squamous.

**DERIVATION:**—Round cells may come from the kidney tubules or pelves; they are larger than pus or blood corpuscles, and have a single



nucleus distinctly seen without aid of reagents. Sometimes round cells may come from the epithelium of the prostate, in which case "plugs" of pus corpuscles are found with them. Very large round cells may come from the bladder. Round cells may come from the male urethra. Cylindrical or conical cells from the kidney pelvis, ureters and urethra. Spindle cells from ureters and urethra. Squamous or flat cells from bladder or vagina. It is not always easy to tell from which of the two they come.

*Kidney epithelium.*—The forms of epithelium are variable and their size greater than that of blood corpuscles; epithelial cells from the genito-urinary tract may be round, oval, or irregular. A drop of acetic acid renders them pale and brings out their nuclei very distinctly. *Look especially for round cells with a single nucleus distinctly seen without use of acetic acid.*

(h) **TUBE-CASTS.**—These are cylindrical, voluminous bodies of greater or less length rarely exceeding the 1-50 of an inch, of variable aspect, sometimes distinctly, sometimes indistinctly outlined, generally of round or club-shaped extremities. They are very much larger than blood corpuscles and sometimes studded with the latter.

In looking for casts use one-fourth or one-fifth inch objective, and C eye-piece. In early stages of acute nephritis, epithelial and blood casts will be found; in later stages, granular and fatty.

Some observers prefer to use gum-dammar cells in looking for tube-casts so as not to crush the casts with the cover glass. I have been able to identify them, usually, without recourse to the "cell," by exercising due care in the application of the "cover."

*Epithelial casts* consist of epithelial cells united into a cylinder without a line of contour and never very narrow; sometimes nothing but the nuclei of the cells can be seen. (Nucleated casts).

*Blood casts* have a more or less distinct line of contour; they are found in the urine as little plugs of blood corpuscles, with parallel sides and rounded ends. Some writers call hyaline casts, with a number of blood corpuscles attached to them "blood casts," but this is erroneous.

*Granular casts* are those in which the epithelial cells are cloudy and infiltrated with fine or coarse granular particles, some of which are oil globules of minute size, and others detritus. *Fatty casts* are those in which the protoplasm of the epithelial corpuscle has been replaced by fat droplets, easily recognized. These casts are usually, though not always, of large diameter.

Fat or oil globules, when once identified, will never be confounded

with any other substance seen under the microscope. They may be studied by strongly shaking freshly voided urine with a little milk, and then examining a drop with a half-inch objective. The fat or oil globules present the form of smooth, roundish, flattened disks, strongly refracting light. They show, therefore, a sharp, dark outline.

*Hyaline casts* are often without epithelial cells, nuclei, or blood corpuscles and generally with but few granules or oil drops, although sometimes completely without all the above. They have clear, well-defined margins, delineated by a distinct line. They are usually curvilinear, though sometimes rectilinear, having their extremities cut like glass and their surface usually polished. They may contain cracks and roughness due to blood globules, epithelial cells, and here and there one or two oil drops. The hyaline cast proper, however, is independent of epithelial cells and is generally believed to be a peculiar fibrinous substance, thrown out of the blood into the uriniferous tubules and thence discharged into the urine.

Hyaline casts are colored by carmine solutions, but mucous casts are not. The latter are of no significance, have badly defined margins, are often twisted or varicose, but are pale and smooth. *Casts of the seminal tubules* contain spermatozoa, and can thus be distinguished.

In cirrhosis with polyuria the sediment is so slight that the search for casts may be greatly aided by mixing the sediment in a small concave dish with equal parts of glycerine, and letting the watery portion evaporate. When the sediment is very small in amount add a little Tanret's solution to the urine which will precipitate all organic substances, such as casts and epithelium, and in a few hours they will have settled in such a way as to be examined with comparatively little difficulty, due attention being, of course, paid to the fact that albumin, if any be present, is coagulated at the same time by the solution. If, however, the method described in the first pages be carefully used it will hardly be necessary to have recourse to these devices.

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#### A CASE OF INTESTINAL POLYPUS.

BY C. E. JÆCKEL, M.D., JERSEY CITY, N. J.

The following case, it seems to me, will be interesting to your readers :

Mrs. E. J——, æt. 49, was taken on the morning of October 27th, with what I considered, at the time, an ordinary attack of colic. She had the griping low down in the hypogastric region especially, but



also about the umbilicus. I prescribed bell., 1x, and after a time the pains eased up and the patient went to New York to do some shopping. When she returned the pain was worse, and during that night became very severe, compelling her to walk the floor from 1 o'clock to 4 A. M. On the 28th, 29th, and 30th, the pains were slightly easier and she was up and about. During this time colo., 1x, as well as 0, Coccul, 2x, and 0, and Nux vom., 3x, were tried without the slightest benefit. There was constant desire for stool but it was ineffectual. This desire was always accompanied by horrible cutting, stabbing and tearing pains in the abdomen, particularly about the umbilicus. Vomiting was also a prominent symptom. Nothing whatever remained in the stomach more than five minutes, and often not that long.

This symptom became so violent and distressing that the patient abstained entirely from food. Lactated food, was given a trial but to no purpose.

October 31st she was still up and about, but retired early that evening as she had suffered intensely during the day. She was still able to be around on November 1st, 2d and 3d. November 4th she took to her bed and then she suffered indeed. I never witnessed such suffering before. The pains continued to increase from this date to about noon of November 7th. During these days many remedies were tried without the slightest effect. Dry heat, moist heat, mustard plaster, flaxseed poultice, rubbing with hot alcohol, in connection with the medicines, all to no purpose. They rather aggravated the suffering. I now called Dr. — of this city in consultation. After seeing the patient he gave it as his opinion that it was a case of catarrhal inflammation of the duodenum in particular, with a catarrh of the entire digestive tract. The vomiting by this time had become bilious and the constant straining at stool brought some frothy mucus and finally shreds of mucus tinged with blood. The case now began to look like dysentery. I will say here that there was great tenesmus.

However, on November 7th, just before noon, the pains became so severe that the patient wandered in her mind and had, what is popularly termed, "spasms."

About 1 o'clock P. M. the pain suddenly left her, with the exception of considerable soreness, and I felt very much gratified on finding there was no return when 10 P. M. came. The remedies she was taking at this time were merc. corr., 6x, and Arsen., 6x, in alternation.

The next morning (November 8th) she awoke feeling quite easy, but very weak, saying she had slept well all night. Well, about 8

A. M. she felt a desire to go to stool. She got up and had hardly sat on the chair—a sick-chair was used for the purpose—than the most horrible pains came on; worse, she said, than any she had had. Suddenly and with great force there was discharged *per anum* a body, egg-shaped, about three inches long and seven inches in circumference. I was summoned and found in the chamber a polypus. Here then was an explanation of all this lady's suffering. This polypus had been gradually torn from its "moorings" and been discharged *per vias naturales*. Since this occurrence Mrs. J. has been feeling very comfortable, except that there is a sore spot in the left hypochondriac region just at the border of the inguinal region. Now did any of the readers of THE HAHNEMANNIAN MONTHLY ever see, hear or read of such an occurrence? I never did and Dr. —, with whom I consulted, said he never did in his practice of about twelve years.

I have preserved this "tormentor" as a reminder of a very interesting, instructive and perplexing case.

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#### CHRONIC INTERSTITIAL NEPHRITIS IN CHILDREN.

BY WILLIAM C. GOODNO, M.D., AND E. L. OATLEY, M.D., OF PHILADELPHIA.

[From the Transactions of the Homœopathic Medical Society of Pennsylvania].

On April 1st, 1887, a lad *æt.* 15 years, sought advice for defective vision. Finding his sight seriously impaired and not improved by glasses, with ophthalmoscopic evidences of serious changes (suggesting a urinary examination, which was negative), he was sent to Dr. H. F. Ivins for special examination, and the following report was returned: "Right eye: patches of diffused choroidal atrophy in dots, patches and streaks in various parts of the field; mild retinitis and diffused small atrophic spots. Left eye: large and small choroidal atrophic patches; swelling of the optic disk and an infiltrated retina."

A kidney lesion was suggested as probable, though as no albuminuria could be detected, the possibility of some brain lesion was considered. A later examination of the urine was again negative, there being an absence of albuminuria and the microscope not revealing evidences of kidney changes, while the specific gravity was quite normal—1018.

Since a serious illness occurring when about eight years of age, the boy's mental condition had been impaired. This sickness was reported as "pneumonia followed by coma of several days' duration." He was unable to accomplish much at his studies and seemed heavy and sluggish in thought, being unable to concentrate his attention on one



subject for any length of time. Since the pneumonia and coma he had been subject to occasional attacks of headache, generally attended by nausea, vomiting and pain in the epigastrium. These attacks generally appeared in the morning, and were relieved soon after the vomiting. The pain was mainly frontal and indefinite in character.

During the past year it had increased in frequency, while the nausea, vomiting and epigastric pain had increased both in frequency and severity. The pulse was full and tense, and the heart seemed slightly hypertrophied, but owing to a rachitic deformity of the ribs, the latter could not be determined with certainty.

Previous to the consultation in reference to his eyes, he had had an attack lasting several days, which more than any other feature of the case suggested an examination of the urine. On April 8th he had another severe attack, and thereafter continued to suffer from gastric pain, nausea and occasional vomiting.

Repeated examinations of the urine up to this time developed nothing of importance.

Now, the cold nitric acid test, employed with the greatest delicacy, showed a trace of albumin. The specific gravity of the urine fell to 1015 and finally much lower, while the albumin fluctuated from a trace to one per cent.

Complete paralysis of the left side of the face took place and continued until death. Vomiting became constant, and convulsions and coma terminated the case on May 28th, 1887.

*Post-mortem.*—The morbid process involved both kidneys about equally, each being greatly reduced in size; the right weighing two and one-half, the left scant three ounces. The relative size, however, was maintained, the right being shorter and thicker than the left.

Right kidney: The usual smoothness of the surface was broken by the marked prominence of the stellate veins, though it did not seem especially granular, which accounted in a measure for the ease with which the thickened capsule was removed and there being a comparative absence of adhesions, none of the stroma was dragged with it.

The color was dark red and mottled. The lobulated arrangement showed plainly, but pressure revealed the central lobules to be harder than the others, which were comparatively soft. The cortex was greatly reduced in thickness.

Left kidney: The stellate veins were more prominent and the kidney was darker in color, more or less blood exuding on section. The capsule was adherent to the stroma in places, though but little of the latter was removed with it.

On section it was easy to perceive that the reduction in the size of the kidneys was due almost entirely to a narrowing of the cortex, the medullary part being little affected. Nowhere was the former more than one-eighth inch, and in many places only one-sixteenth inch, in thickness. The pyramids were a little more vascular than the cortical portion and darker in color, while the calyces and pelvis in the right kidney were normal, and in the left rather cyanotic.

The usual cysts were conspicuous for their absence, while the knife encountered but slight resistance on section.

*Microscopic Anatomy.*—Clearly there had been an overgrowth of connective tissue at the expense of the tubules and blood-vessels. Normally the tubules are in immediate relation with each other, there being but little intertubular substance. Here broad bands of fibro-nucleated tissue intervened. About the capsules of Bowman and the larger bloodvessels nuclei were fewer and the tissue fibrinated, the capsules being converted into whorls of connective tissue arranged in concentric layers. Thickly dotted here and there were evidences of inflammatory exudation in the shape of a cellular infiltration.

The epithelium, in a few of the tubules, was normal, but in a majority of them it was more or less swollen and degenerated, in some cases filling the entire tube with a *débris* of granular matter.

The degeneration was mainly granular, but few cells presenting the fatty change. From still other tubules the epithelium has been entirely swept away, and not a few, whether empty or filled, were irregular in outline, the fibrous contraction destroying the circular contour of a transverse section. Few casts were found, although many sections were examined.

Many of the tufts, mainly due to pressure of the thickened capsule, were atrophied, though the tunica intima was considerably thickened and the nuclei prominent, while others presented an appearance not far from normal.

That this was a case of interstitial nephritis seemed probable from the clinical history alone. Seldom does a symptomatology more perfectly portray this disease.

In his remarkably able "Practice of Medicine," Fagge declares that "In children, and even in adults under the age of 20, 25 or perhaps 30 years of age, I am not aware that the red or brown granular kidneys are ever seen, which are so frequent in middle-aged and in old people." The literature on this subject is very meagre, but, though Fagge practically denies that the primary granular kidney ever occurs in children, a few cases are reported by practitioners of undoubted au-



thority, and known to be accurate and painstaking investigators. The youngest case observed by Ralfe was 20 years of age. Out of thirty-three cases, Bartels reports four occurring in persons under 20 years of age. Dickinson reports two cases occurring in his own practice, one a girl of 12 and another a boy of 14, while he examined an undoubted granular kidney taken from a girl 5 years old by Dr. Barlow, and also mentions the case of a girl of 10 years under the care of Dr. Hillier, who died "with a most marked condition of granular contraction affecting especially one kidney."

Thus, occurring seldom in the private practice of but few physicians, and with but little more frequency in hospital service, a case of chronic interstitial nephritis in a youth possesses an importance second to no other pathological study. Every practitioner is familiar with the nephritis so frequently met with in young subjects, especially with that form so often a sequela of scarlatina; the symptoms of such are generally so prominent that seldom need an error in diagnosis occur.

It is very different in respect to this unusual form, in which insidious onset, great infrequency, and the development of symptoms attracting attention to distant organs rather than the kidneys, and, finally, an absence of urinary conditions suggestive of kidney disease, lead inevitably to a delayed diagnosis or error. The onset of this form is so insidious that not until it has produced irreparable structural change is the advice of a physician sought, and then, as implied before, treatment is desired for symptoms suggesting some totally different trouble.

In this case the lad supposed he needed glasses to correct his vision. When, however, the ophthalmoscope revealed a decided "retinitis albuminurica," even though albuminuria did not exist, the diagnosis of some kidney lesion was certainly not begging the question, especially in association with the head, stomach, and vascular conditions. As to the character of the kidney change, putting aside the element of age, all the symptoms pointed decidedly to the granular form.

The urea had already begun to act on the nerve centres, and the nervous manifestations predominated up to the fatal issue. First, there was the headache, at times quite severe; then the nausea and vomiting, certainly not simply reflex, and the epigastric pain. In the other forms of nephritis these symptoms of chronic uræmia are among the last to appear, or, at least, do not gain much prominence until late. In children the frequency of micturition and the quantity eliminated vary so much in health that in disease it is often quite difficult to as-

sign an abnormality in the function. In proportion to the weight of the body the quantity of water eliminated by the kidneys is greater in childhood than in adult life, and not until the age of eighteen is this excretion reduced to the adult standard. Consequently so much importance must not be placed on the increase in the quantity of urine as may with safety be done in the adult. In this case it was not until the lad had been under observation some time that a change in the specific gravity occurred; and then with the appearance of albumin the pathic condition of the urine became apparent.

In chronic parenchymatous nephritis the urine is at first scanty and of high specific gravity, albumin is excessive in quantity, casts are numerous, general œdema appears early and may prove a very troublesome symptom, amaurosis or eye changes are late in appearing, while uræmic convulsions are rare.

In the amyloid kidney—though the urine is increased in quantity and of low specific gravity, contains little albumin and but few casts—there is an absence of either œdema or hypertrophy of the heart; neither are there amaurosis and uræmic convulsions until late in the disease. But of greater importance is the fact that this form of degeneration is a sequela of exhausting diseases and is connected with prolonged suppuration, with syphilis, or with other cachexiæ, and generally associated with an enlargement of liver and spleen. Could an hypertrophy of the heart have been made out positively, a very important symptom would have been elicited. Yet, having a trouble insidious in origin, with amaurosis, headache, nausea, vomiting, a urine of low specific gravity containing but few casts, and only small quantities of albumin, a probably hypertrophied heart, a tense pulse and no œdema, the diagnosis of chronic interstitial nephritis, as represented by the symptoms, cannot be amiss.

Such a clinical diagnosis is supported by the pathological condition, which presents certain peculiarities, to be noted as differing from the same disease as observed in adults. They are, shortly, as follows:

- a. Easy removal of the capsule.
- b. Absence of a granular surface.
- c. Abnormal softness on section.
- d. Absence of macroscopical cysts.
- e. Uniformity (in distribution) of the pathological changes.
- f. Predominance of soft connective tissue over the contracted fibrillated variety.
- g. Absence of casts, even in situ.
- h. Unusual number of foci of inflammatory exudation.



## DIFFERENTIAL DIAGNOSIS.

CHRONIC PARENCHYMATOUS NEPHRITIS.	CHRONIC INTERSTITIAL NEPHRITIS.	AMYLOID KIDNEY.
Great debility—languor—marked anæmia.	Onset, insidions—headache more or less persistent; dyspepsia; anorexia; frequent urination; or uræmic convulsions or apoplexy.	Generally sequela of exhausting diseases, connected with prolonged suppuration, or syphilis, or other cachexiæ.
Urine—early: scanty (5-600 c.c.), specific grav. 1025-40. Late: profuse (2-3000 c.c.), specific grav. 1008-13. Albumin—much. Casts—numerous, white corpuscles; epithelial cells; granular debris. Total solids, less—urea, less. Atheroma—not characteristic.	Urine—copious (1800-2500 c.c.), clear, pale, low specific grav. 1008-12. Late: scanty. Albumin—little; erratic. Casts—few.	Urine—profuse; low specific grav. 1006½.  Albumin but little and variable. Casts—seldom; fine hyaline.
Edema early and general.	Hemorrhages common, especially from nose and retina.	Edema rare.
Pulse—early: weak, soft, frequent; late: high tension.	Edema late. Pulse—high tension, full, incompressible.	Heart not hypertrophied.
Heart feeble, not hypertrophied.	Heart hypertrophied.	Amaurosis, rare.
Amaurosis—early: rare; later: frequent.	Amaurosis, and often with ophthalmoscopic evidences.	Uremia, rare.
[Uræmic vomiting. Diarrhœa or constipation.]	Uræmia and convulsions, common. [Muscular twitchings, itching of skin, disorders of vision, violent neuralgias (sciatic and brachial), hypochondriacal depression, loss of sexual power, frequent palpitation, asthma especially at night, various forms of pneumonic disease—uræmic vomiting.]	[Liver and spleen generally enlarged.]

THOUGHTS ON THE EXCLUSION OF IRRELEVANT SYMPTOMS FROM OUR  
MATERIA MEDICA.

BY AUG. KORNDORFER, M.D., PHILADELPHIA.

[From the Transactions of the Homœopathic Medical Society of Pennsylvania].

From the earliest days of our school this subject has received a large degree of attention, yet to-day it appears still as far from a satisfactory solution as it was nearly half century ago. We must apologize for consuming valuable time in again presenting it, hoping withal that we may elicit such animated friendly discussion as will lend valuable aid in bringing it to a successful and profitable issue.

The utility of a thorough revision of our *Materia Medica*, one which shall have in view the expurgation of all irrelevant symptoms, none will deny. The necessity of the work is patent to all. The manner of its accomplishment is yet to be determined upon.

Important and difficult though this subject be, it has been handled by inexperts as glibly as though it were a mere bagatelle. The more experienced have hesitated as to the method most fruitful in good.

Various and unsuccessful have been the methods suggested. By some, the *Materia Medica* has been pathologized and by others physiologized out of every vestige of usefulness, when considered from the homœopathic standpoint, *i. e.*, from the standpoint of curative medicine.

Condensation has been tried, and though meeting with fairly good results, it still falls far short of giving us a scientific *Materia Medica*. To make a brief work is difficult enough, but to make it at the same time sufficiently comprehensive is a task beyond the power of any who have as yet attempted it.

A condensed *Materia Medica* is but an imperfect epitome of the effects of drugs, and like all epitomes loses in attractiveness and serviceability in proportion to its brevity.

As well strip a tree of all its foliage and then seek shelter under its bare branches, as to cut out all of the apparently minor symptoms, and still hope to discover the fulness of applicability, the true sphere of action, of any given remedy.

The characteristics are, indeed, as root, trunk and branches to a tree, but without the so-called minor symptoms they become as a tree without leaves.

As the leaves aid in giving health and beauty to the tree, so do these lesser symptoms, when understood and utilized by the physician, lead to accuracy and effectiveness in his prescribing.

On a first reading of the symptoms as usually presented in the text—  
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books of homœopathic *Materia Medica*, the student will invariably be impressed with the appropriateness of Hamlet's expression, "Words, words, words."

Words which convey no connected thought, composing sentences which awake in the mind no definite idea. Yet even the least apt will after continued study begin to see light glimmering through this cloud of words. Nevertheless, the whole study, even to the most gifted, presents obstacles which at first sight seem practically insurmountable.

This should not and in fact this need not have been, if we as a profession had applied an amount of energy to the development of the *Materia Medica* commensurate with its importance.

Will the analytical chemist be deterred from study because he must master many trifling but difficult minutiae? Will not these very difficulties fire his determination and act as incentive to the mastery? Should the physician hesitate to apply at least as much study to the accomplishment of a still higher object? Thus far we have assumed that no definite plan has been offered the student. Are we right in this, and are the difficulties indeed so great if we follow in the footsteps of that Master in medicine, Hahnemann, working in the field as he wrought and taught?

True, the schematic system adopted by Hahnemann while possessing some points in its favor, presents infinitely more important ones adverse to it. In fact we can say but little in its favor, save as a classified register of symptoms, unless accompanied by chronological reports of the drug provings, or by careful analyses of the more characteristic order or sequence of symptoms.

Hahnemann saw the importance of preserving a record of such sequences, and though poverty prevented the publication of both day-books and the schematic arrangement, he carefully noted, in brackets, the time of occurrence of many of the important symptoms. Had the same been done by all subsequent editors of provings, we to-day might be in possession of elaborate works, suitably arranged for ready reference.

Based as our system is upon one of nature's most potent laws, we have a right to expect that out of all this complexity of provings a practical *Materia Medica* shall be evolved. But dare we demand that form of extreme simplicity in detail which is so much sought after.

As well might the student astronomer demand that his complex algebraic formulæ, perplexing equations, and intricate triangulations be expurgated from his daily labors as to demand that *Materia Medica* must have all its intricacies and brain-racking problems sim-

plified out of existence. Clearer and more concise characteristics must be sought, but the problem of the scientific development of the *Materia Medica* cannot be solved on the plan of reducing it to the plane of a primary reader. We must be educated up to it, not trim it down to suit the meagre ability of the least talented. Nevertheless, the schematic form as usually employed is not the one most consistent with true development. As before stated, Hahnemann recognized this, in that he noted the time of occurrence of symptoms, but he went farther. So soon as experience warranted, we find him detailing in the introductory paragraphs, to a number of the remedies, conditions rendering the choice of the remedy more certain, thus inaugurating the system of characteristics.

In the *Materia Medica* of 1822 we find but few such characteristics noted, but as experience ripened and power to speak with authority grew, we find that he epitomized the remedies more thoroughly, as witness the *Chronic Diseases*, 1835. Herein, for instance, we find alumina with 1161 recorded symptoms. In the introduction thereto, Hahnemann says: "Alumina will prove especially useful if, when suited to the general disease state, one or more of the following conditions exist." Then follows a page of characteristic conditions numbering fifty-seven. Many other remedies are treated in a similar manner. This plan enables one to quickly grasp the genius of each remedy, and if properly carried out, will enable the intelligent student to master the characteristic sphere of action peculiar to each drug.

Hahnemann taught, that in "taking a case," or in making a proving, every symptom and modality, however trivial, should be recorded (see *Organon*, § 84 to § 99). Nevertheless, he at the same time taught, that the selection of the remedy should be based upon the correspondence with the most characteristic and striking symptoms of the case. In § 153 he says: "In this search for a homœopathic specific remedy, that is in this comparison of the complex of symptoms of natural disease with the symptom registers of the various remedies, in order to select from among these an artificial morbid potency corresponding to the disease to be cured, it will be necessary to give especial, almost exclusive, attention to those symptoms which are striking, singular, extraordinary and peculiar (characteristic). These must present marked similarity in order that the remedy may be best adapted to the cure. The general and indefinite symptoms, such as loss of appetite, headache, lassitude, restless sleep, discomfort, etc., deserve, unless more clearly defined, but little attention. Some such generali-



ties will be found in almost every disease, as well as in the effects of almost every drug."

Had these words of Hahnemann received the attention which their importance would have warranted, what might not have been accomplished, during the past half century, in the expurgation of worthless and erroneous symptoms?

Only in this way dare we hope for simplicity without deterioration, condensation without mutilation of our *Materia Medica*. The day-books must be retained intact, the schematic arrangement must be full, the sifting process reached in practice must be conscientiously performed, and then the condensation process may be employed in the hope—yea, in the full assurance—that the distinctive characteristics will be so summarized as to give us a practically complete working *Materia Medica*.

Brevity should give place to clearness just as surely as prolixity must give place to terseness. By these means we, metaphorically speaking, retain the tree in its fulness in the daybooks of the provers; yet in our practical working edition we will find such characteristic portions, from root to flower and seed, as will enable us to promptly and unerringly distinguish the various remedies, as indicated by the symptoms of the sick.

For the accomplishment of this much-desired end it will be necessary that we understand more fully than heretofore the combining relationship of symptoms, for here, even as in chemistry, much depends upon a correct knowledge of such combining effects. Again, more heed must be given to the mental symptoms—these, reflecting as they do, the effects of the perverting force upon the higher forces of the human economy, should at all times receive our most serious consideration.

One feature which should receive especial attention in the process of weeding out useless symptoms is the needless multiplication of words expressive of but one idea; thus we find sticking, stitching, stinging, piercing, each but types of one sensation, representing conditions so nearly akin that save when etymological knowledge has advanced beyond the common grade, a definition of the difference can scarcely be obtained.

While on some accounts it may prove desirable to retain these verbal differences, the relationship of such expressions should be distinctly kept in view. This alone would overcome one serious drawback to the ready use of our *Materia Medica*, while at the same time it would be an onward step toward a proper condensation of the same.

Let, then, a clear idea of the specific sphere of action of each drug be well wrought out, and it is astonishing to find with what few symptoms, or rather combinations of symptoms, we have to deal. Not that such combinations would contain all the really reliable symptoms, but that where such symptoms or combinations are not found the remedy will not be indicated. Thus instead of the impossible feat of memory now before the student of medicine, a comparatively easy task will be his. Let such a plan be carefully developed and, aconite, for instance, may be summarized within two score characteristic conditions.

How much more simple and at the same time more reliable in its practical application to the treatment of disease would not such a summary of characteristic effects of a drug prove than the generalizations common to the allopathic pharmacopœia, where, for instance, under aconite, we read "that the action of aconite and that of its alkaloid aconitia are so nearly identical in nature that both may be described in the same article," while farther on we learn that "several experimenters have thrown doubt upon the identity in action of aconite and aconitia, some expressing their views of the difference between them by saying that the former is acro-narcotic, and the latter narcotic;" and again: "In regard to the action of aconitia, experimenters are not agreed. Some maintain that it paralyzes the central nervous system; others that it paralyzes the peripheral motor nerves; still others that it affects simultaneously the cerebral nervous system and the muscles, paralyzing both; and finally it is held to act essentially on the centres of the medulla oblongata and spinal cord proper, first exciting and then paralyzing them." In regard to its utility as a remedy in neuralgia, rheumatism, inflammatory fevers, dysentery, pneumonia, etc., nothing favorable is said. We find only doubt added to uncertainty, until the conscientious prescriber must feel that he stands in helpless ignorance beside the suffering patient longing for even a single ray of truth-revealing light.

What need we then care to know that most writers claim that aconite's great centre of action is upon the ganglionic system or that some lesser lights claim that its effects are produced through the cerebro-spinal nervous system, as is learnedly given in one of our textbooks? They, one and all, are but playing a sorry game of chance, the patient, in any event, being the likely loser. Such method shows but guesswork based upon crude experimentation.

Much valuable time has been wasted and many precious opportunities lost in these efforts to reach some such physiological basis for prescribing.



Little have these writers heeded Dr. Hering's saying: "Homœopathic provings will lead to a new physiology, and with it a new pathology." but there is an indescribable charm to the human mind in this search not only after the unknown but also after the unknowable. Hypothetical views possess a fascination for the average mind which, like some fabled power, holds the victim spellbound until a lifetime has been fruitlessly spent pursuing myths. Hahnemann felt the force of this truth and cautioned against placing any dependence upon hypothetical surmises relative to the internal dynamic causes of disease; Rau, echoing his views, truly says: "The physician who engages in a search after the hidden springs of the internal economy, will hourly be deceived."

In conclusion we would suggest that to develop a *Materia Medica*, which will meet all the requirements of scientific practice, we must preserve the full reports as per daybooks of the provers. The provings should be made as directed by Hahnemann, and upon many individuals. The superintendent of such provings, himself competent and sincere, should be personally assured of the honesty and intelligence of his provers.

Personal supervision and, if possible, daily examination as to the exact nature of the symptoms experienced, as well as to the chemical and microscopic character of the secretions and excretions, are needed. Careful physical examinations should also be made.

The characteristic symptoms, regardless, however, of any existing theories of physiological relationship should then be summarized, after which we may apply these facts under the law to the treatment of the sick.

But, you ask, what about all the non-essential symptoms? We answer: Every genuine symptom is essential, even as every line is to the finest steel engraving. In viewing such a picture we do not discern each line thereof individually. In fact, we recognize it rather as a whole, without minute examination of the minor points of detail; we know not the number, though we can appreciate the essential character of each line. Each must be just where it is, and as it is, that the picture may be perfect.

The most useful knowledge of a remedy may be likened unto that of the picture. It can be acquired only through long and earnest study. Once, however, knowing its true characteristics, we ever after, through them, recognize it even as the connoisseur will, through certain characteristic individualities, speedily recognize an artist's work in every line from his pencil.

## A CASE OF TETANUS AND TRISMUS NEONATORUM.

BY F. BUCHMAN, M.D., PHILADELPHIA, PA.

[Read before the Bœnnighausen Medical Club.]

On the 25th day of May, 1887, Mrs. M. was delivered of an apparently healthy female child. On the second day the child screamed violently now and then. No cause was discovered for the apparent distress, except, possibly the discharge of about a teaspoonful of blood from the vagina. I could not at that time imagine any possible cause for the production of this vaginal hemorrhage. On the fifth or sixth day the mother observed that the child could not suckle. When it attempted so to do, the lips and gums closed down so hard upon the nipple as to give the mother severe pain. On the following day suckling was absolutely impossible, and there was marked contraction of the muscles of mastication and the orbicularis oris.

The facial muscles also participated in the contraction, and the countenance was much distorted.

In a few hours the symptoms increased in severity. The paroxysms occurred spontaneously, the forehead was thrown into transverse folds, the eyebrows wrinkled, the lips puckered, (if you will excuse the expression) like a snout and surrounded by radiating folds.

The pharyngeal muscles became involved, and the ingestion of food became impossible, although attempts were made to nourish the child during the exceedingly brief intervals between the paroxysms. Involvement of the pharyngeal and respiratory muscles led to cyanosis and spells of suffocation. During the intervals of the spasms the respiratory movements were very rapid and superficial. Any attempt to introduce the finger into the mouth against the contracted jaws was speedily followed by a renewal of the tetanic paroxysm. A slight touch or an endeavor to give nutriment was also quickly followed by spasm. Pulse rapid. Temperature 105°F. (The temperature on the first day of the seizure was normal).

There were also general tonic spasms of the whole body, the first and second toes of both feet being widely separated and extremely rigid, and remaining in this condition even after the general spasm had relaxed. I could give no other name to the condition described than tetanus and trismus neonatorum.

The family at this juncture called in consultation a neighboring physician. He came into the room rapidly, gazed one moment at the suffering child, and remarked with great sententiousness, "Heart convulsions. Child will die," and walked serenely out of the sick chamber. I privately objected to this summary disposition of the case. I



remarked that he had not even examined the heart. I did not see how trismus and tetanus could result from diseased condition of internal organs, for I remembered having been taught that such a condition arose most generally, if not invariably, from peripheral nerve irritation, especially great heat, great cold, traumatism, and inflammation of the cord. I have since learned, however, that some authors do not regard simple inflammation of the cord as sufficient to produce tetanus, although these gentlemen do believe that traumatism, gangrene, etc., are sufficient producing causes. The case grew rapidly worse, and the learned consultant's prognosis was being verified. Another consultant was now called in. He made with me a careful and systematic examination of the heart and lungs. He pronounced the heart normal, so far as normality could be determined in a child so young. That organ was perfect in its rhythm and strong in impulse, although rapid. The lungs were normal. In making further examination it was discovered that even a slight touch on the umbilicus, which, by the way, exhibited no special signs of inflammation (it had simply the appearance of hundreds of navels on the sixth-day after cutting) that the spasms were instantly reinaugurated.

Here seemed a possible cause for the trismus and tetanus, namely, cord irritation. It was suggested as a possible explanation of the vaginal hemorrhage that it was not vaginal, but urethral, and that, in all probability, the urachus was pervious and abnormally in communication with the hypogastric arteries, and that the blood came from the last named vessels, flowed down the urachus into the bladder, and thence into the vagina through the urethra.

While such an explanation was necessarily unsatisfactory, it seemed reasonable in view of the fact that the peripheral irritation seemed most marked in the umbilical region, and no discoverable cause for the hemorrhage appeared. The first bleeding occurred on the morning after birth and continued oozing until the day before death, a period of nine days. The amount of blood lost was not sufficient to cause death, or even anæmia. The child died on the tenth day after birth. No post-mortem was permitted. The treatment adopted embraced the administration of lachesis, hepar, calcarea carb. While the child, between the paroxysms could swallow, nux vomica was injected per rectum. Nutrient enemata were also employed. This was my first case of trismus and tetanus neonatorum. So unusual is this disease in this climate in children, (I have frequently seen the malady in adults) that the diagnosis gave me considerable trouble. The treatment was decidedly unsatisfactory. I know the books give a

very bad prognosis for such cases, but I do not feel altogether satisfied that homœopathic treatment could not alter the gloomy prognosis somewhat. Strychnine appears to be the pathological and symptomatic similimum, and when *nux vomica* was given a most perfect picture of the drug was presented. Could I have done better, gentlemen? Have you had similar cases? If so, did you have a better result?

#### RHUS TOXICODENDRON IN DIPHTHERIA OF THE LIPS.

BY THOMAS NICHOL, M.D., L.L.D., D.C.E., MONTREAL.

[From the Transactions of the Homœopathic Medical Society of Pennsylvania].

On April 6, of this year, I was called to Miss G. D., æt. 10, who was said to be ill with measles. I found a typical case of the disease which readily yielded to aconite, third decimal trituration, in repeated doses. I was attending an aged relative in the same house, so I saw the girl more frequently than I otherwise would have done, but she was dismissed quite well on April 12th.

But on April 19th, I was called to see Miss G. again, and was told that she had an eruption on both lips. I went expecting to see an ordinary case of *herpes labialis*. I found something entirely different. Both lips were large, prominent, tender and of an ashy gray color, and this arose from the infiltration, *beneath* the mucous membrane, of an albuminous looking matter, behind which was a layer of some dark-colored fluid which I conjectured to be blood. The face, especially the forehead, was bluish in hue and decidedly cool in temperature, and all the features were drawn and pinched. The sub-maxillary glands were greatly swollen, but all the cervical glands remained normal. The pharynx and tonsils were clean and not at all inflamed; and a very faint injection was present which would not be noticed under ordinary circumstances. The pulse was 96, small and thready; temperature 97.3°. The tongue was swollen, pale and covered with offensive mucus very similar in hue and odor to the lips. The patient was extremely prostrate. I diagnosed diphtheria of the lips, having seen a number of cases during the epidemic which raged in the county of Norfolk, Ontario, from 1858 to 1864. I prescribed *rhus toxicodendron*, sixth decimal trituration, a small powder in twelve teaspoonfuls of water, a teaspoonful every hour.

Next day I found that the mucous membrane of both lips had broken, and they were now coated with an albuminous membrane mingled with blood—the latter being thin, watery and strikingly like plum juice in color. The lips were still very large and the carrion



like odor was very offensive. The sub-maxillary glands were larger ; throat still clean. The pulse was much the same as on the previous day ; temperature 97.5°. The tongue was but little changed, and the only favorable sign was the somewhat improved strength of the patient and a slightly increased feeling of well-being. The face, too, was not quite so bluish. Continued *rhus toxicodendron*, sixth decimal, in the same manner.

On the third day the lips were smaller and dryer and of less disagreeable smell. The tongue was cleaner; the pulse 84, stronger and firmer; temperature 97.9°. The most marked improvement was in the strength, while at the same time the face was more of the natural pink and white. The glands were smaller; throat unchanged. Continued *rhus toxicodendron*.

On the fourth day the dark colored crust on the lips began to peel off at the edges, revealing a raw sore, which already showed signs of healing. The tongue was almost normal, the pulse down to 76, stronger and firmer. The improvement in strength still continued, glands very small; throat still clean. From this time the improvement was very rapid, and on the eighth day the patient was dismissed.

I was originally guided to the use of *rhus toxicodendron* in this phase of diphtheria by the symptoms, "the lips are dry and parched, covered with a reddish-brown crust; black lips," to be found in the second volume of Jahr's *Symptomen Codex*, page 680. I have seen these indications repeatedly confirmed in cases of *rhus* poisoning, where the lips passed through just such a morbid process as that which I have endeavored to describe.

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### THREE CASES OF SCIATICA.

BY WILLIAM J. MARTIN, M. D., PITTSBURGH, PA.

[From the Transactions of the Homœopathic Medical Society of Pennsylvania].

These three cases of sciatica, recently treated, illustrate very forcibly that in order to cure our patients we must prescribe for the *symptoms* in each individual case, and not for the disease. Sciatica *may* be cured by any medicine in the materia medica, but *no one drug in all our materia medica can cure all cases*. True, one, two, three, or a half-a-dozen remedies are more frequently indicated than others, but in choosing our remedy, we must not allow ourselves to be confined to any limited number of drugs.

These three cases were cured, one by arsenicum, one by rhus tox., and one by colocynth, yet they were all cases of the same disease.

Mr. McM., a very vigorous old gentleman of over sixty years of age, has been a healthy man all his life; he cannot remember of being sick in bed. When I was called to see him (April 1st), he had been confined to the house one week with sciatica (so pronounced by the old-school M. D. who preceded me in the case). While no fault could be found with the old-school M. D's diagnosis, the patient became dissatisfied after a week of treatment; he was getting worse all the time, and refused to take more of the medicine. In examining into this case I found that the prominent symptoms were: First, distinct and well-marked and very violent aggravation every night after midnight. Second, very restless, tossing about in all positions, he cannot be kept in bed and cannot sit still in a chair and cannot walk. Third, marked relief from heat and hot applications.

Now with these symptoms so prominent, *viz*: periodicity, *i.e.*, the attack coming every night; time of aggravation *i.e.*, after midnight; and the conditions of amelioration, *i.e.*, heat and hot applications, there could be no question as to arsenicum being the indicated homoeopathic remedy. It was prescribed, the third trituration, a few grains dissolved in a glass half full of water, a teaspoonful every half hour during the paroxysms and every two hours at other times.

The first night after I prescribed for him, the attack came a little later, and was shorter and less severe than before. The remedy was continued and the paroxysms continued to grow lighter and shorter until in eight days from beginning to take the arsenicum he was entirely well, and to this date has had no return of the trouble.

The second case is that of a large muscular man aged about forty years, whom I was called to see June 17th. He had in former years suffered from attacks of sciatica, and knew what was the matter with him; but had never had such a violent attack as this one. The pain makes him "yell like an Indian:" his pain is worse when he is still. Two days ago while he was feeling some little soreness in the limb—it was the right one—he walked to a funeral and back home again, about fourteen miles in all, and while he kept walking his leg did not hurt him, but when he got home, he was very tired and laid down; then the pain returned and steadily increased, and when he tried to rise for the purpose of undressing he could not stand. His family put in the night applying hot cloths, which had been sufficient to relieve him in former attacks, but now only gave him slight temporary relief.



Next day, in the afternoon, I was called, and prescribed rhus. in water, a dose every half hour until relief came. The reasons for selecting rhus. were: the aggravation when still, the amelioration by walking—(while he was able to walk); and the cause of this severe attack, which I took to be from a strain; that he had started out while suffering in a mild way with sciatica, and walked so far (with relief while walking), that he strained himself.

He commenced to take rhus. about 4 P. M., and the following morning at ten, I found him resting quite easy—though he had had a hard night of it; so the remedy was continued and the next day he had very little pain but was restless, and had a paralyzed feeling in the leg. The rhus. was continued and the improvement continued from day to day, and in six days he was able to come to the office, and in ten days he went to his work, which is very heavy labor in a rolling mill.

This was one of the nicest cures I have seen of this very troublesome affection, and I feel like explaining the beautiful results thus:—first I hit the right remedy to begin with, and second, the case had not been spoiled by previous old-school drugging, or by new-school drugging either.

My third case is that of a young married woman who was a sufferer from sciatica following typhoid fever. Her attendant, one of the regulars, after treating her for many weeks, finally tells her that it is useless to send for him every time she has a severe paroxysm, that all that can be done is for her to take morphia to alleviate the pain; that it takes time for the system to throw off the disease, and that there has been no medicine found curative in sciatica. Being told by a friend that I had given him medicine that cured him of a severe attack of sciatica, she sent for me.

The prominent symptoms of the case were these: Sharp drawing pains in the lumbar region, hip and thigh of the right side, coming at irregular intervals and of intense severity, aggravated by any motion and only endurable when lying perfectly still with the thigh tightly flexed on the abdomen; soreness and lameness follow the attack. These symptoms all called for colocynth, which was prescribed in the third dilution, ten drops in a goblet half full of water. This prescription was continued for forty-eight hours, without any perceptible benefit. Yet nothing in the materia medica was as well indicated as colocynth. I observed that she was a little nervous, verging on the hysterical, and remembering how Dr. J. H. McClelland had told me some ten years ago, when I had him see a case with me at our old hospital—a female patient of similar disposition, also suffering with

sciatica, and to whom I was giving colocynth<sup>3</sup>—that many of this class of female patients get along better when they can taste the medicine, and for me to give her a few drops of colocynth in water, which I did, and she improved rapidly. So too with this patient, when I changed from colocynth<sup>3</sup> to colocynth she improved steadily, and in a few weeks was able to come to my office. Under the morphia treatment she had been confined to the house some three or four months.

The colocynth was given thus: six drops in a glass half full of water, a teaspoonful every two hours; but during a paroxysm of pain she was to have a dose every fifteen minutes. The result was that the paroxysms were shortened and their frequency diminished until she was well. This treatment was followed by a few prescriptions of pulsatilla<sup>3</sup> which corrected some menstrual trouble and cured her leucorrhœa.

This case was treated last winter and I have not heard of her having any return of her trouble since.

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#### STRABISMUS; ITS TREATMENT ASIDE FROM OPERATION.

BY F. W. MESSERVE, M.D.

[Read before the Philadelphia County Homœopathic Medical Society].

In bringing this paper before you my intention is to call to your mind a few facts, well-known, but too much neglected.

Strabismus, defined by Donders, "is a deviation of the eyes, in consequence of which the two yellow spots receive the images of two different objects." It may arise from any of the following muscular conditions: (1) Over-action; (2) weakness following over-use; (3) disuse of an eye whose sight is imperfect; (3) stretching and weakening of the tendon after tenotomy; (5) from paralysis of one or more muscles.

It is divided into several varieties, only two of which (the most important) will I mention, *viz*, convergent and divergent.

Let us first consider the convergent variety, it being most frequently met with. There are several forms of convergent squint regarded from a standpoint of causes, but I shall merely mention them, and treat more particularly of the most important one.

By far the larger number of cases that present themselves for treatment of convergent strabismus belong to the first form (1), or those due to an error of refraction, most always hypermetropia—in other words—far-sightedness; and, in an extremely small percentage, myopia, or near-sightedness. For convenience sake only, I will place those



cases due to corneal opacities, the result of ulcers or injuries, under this form.

(2) The second form is due to an increased innervation of the internal muscle through extraneous causes, such as irritation of the intestinal tract by worms, or brain lesions, fevers, etc.

(3) The third form is due to paralysis of the external muscle.

Convergent squint may be confined to one eye, and be persistent, when it is called persistent monocular squint; or first one eye and then the other may be crossed, when it is known as alternating, or binocular squint.

It is asserted that ninety-five per cent. of the cases that present themselves for treatment are hypermetropic; this certainly looks as if there was a close connection between the two conditions, and it is pretty generally accepted that hypermetropia is the cause of this form of strabismus.

It is explained in this way: There is a close nerve relation existing between accommodation and convergence, so that the contraction of the ciliary muscle is simultaneous with the contraction of the internal muscle. Now a hypermetropic is obliged to accommodate to a certain extent when viewing objects even at a distance, and when looking at near objects he brings an excessive amount into play; in this, convergence participates, and the result is that the patient fixes on that object with one eye, most always with the best one, and the other is drawn inward too far. This continuing, there is an extra development of the rectus internus, and the increased strength gained in this way allows it to permanently overcome the rectus externus.

An important point is the age at which this form of squint appears; as a rule this is in early childhood, about the time they commence to look attentively at objects close enough to require forced accommodation, or shortly after they are sent to school where the close work performed by the eyes develops the condition. The patient may, or may not, notice the second image formed in consequence of the deviation of the yellow spot, the point on the retina where vision is most complete; if they do notice it, the false image will appear on that side of the true, corresponding to the squinting eye; but as a rule this is only a sort of annoyance at first, for they soon learn to suppress it, and pay attention only to the images formed by the good eye. I say good eye, because, in many of these cases there is in the squinting eye a condition known as amblyopia, meaning diminished visual acuteness. This amblyopia is increased as suppression goes on, and the sight grows poorer and poorer.

This is true of all cases of persistent monocular squint. In this alternating form the exercise of the eyes render the progress of this complication less valuable.

To determine convergent squint of small degree, cover one eye with a blind of some kind that can be rapidly and easily changed, say a card, then direct the patient to look at the tip of your finger held about eighteen inches in front of him, and as near the median line as possible; when you see he has fixed with the uncovered eye on the point you desire, then quickly change the blind to the other eye, and if the squint is present, the patient will be obliged to abduct the eye just uncovered, before he is able to fix on the point to which you have previously called his attention.

Another method is: place a lighted candle a few feet in front of the patient, and cover one eye with a colored glass; then call his attention to the flame, if he sees two images of the candle you are sure to have a case of squint. Sometimes you will have difficulty in making them see two images; this is due partly to the indistinctness of the false image, and partly to the habit he has formed of suppressing it.

In the forms of squint that I have been speaking of, the eyes have an associated movement in all directions; but I wish now to say a few words concerning a form in which this is not the case, and the fact may aid you in your diagnosis.

I allude to that due to paralysis of the external muscle. In this the deviation is due to the loss of the power of contraction of the external muscle, and even the ordinary tonicity of the internal muscle is sufficient to produce convergence of marked degree, the patient being unable to abduct the eye to any extent, and if the paralysis is complete, not at all. It is in these cases coming on suddenly, as they do, that diplopia is most annoying.

I will now pass to the other variety, or divergent strabismus, and will, for brevity's sake, divide it into two classes:

(1) Those the result of an error of refraction. In this case myopia. The connection here can be readily understood. The patient must, to see objects clearly, hold them very close to his eyes, and to get them in the visual axis of both eyes he must necessarily converge all the while he is doing close work; the extra strain is so great and constant on the internal muscle that, after a while, it wearies and finally gives way, when the tonicity of the rectus externus drags the eye outward and we then have a divergent squint, slight in amount at first but gradually increasing.

The false image is also seen in this variety but its location is dif-



ferent from that seen in a converged eye in that it is crossed, or seen on that side of the true image opposite to the affected eye.

(2) In the second class the divergence is due to paralysis of the rectus internus, and the patient is unable to adduct the eye to any extent.

Now comes the question, What are the results we desire to attain in these cases, and what is the mode of procedure to get them?

In answer to the first question I wish to say, that there is a good deal more to be done than merely straighten the eye, which is generally accepted to be all that is required of the treatment, or operation; but there is the squinting eye, gradually losing its power of vision, and needing the proper treatment to stay this, and even to restore as much as possible of that which is already lost.

This should not be considered second to the cosmetic effect of recovering muscular equilibrium, but should be thought of as an inseparable part of the change to be brought about, except in cases of long standing, where you will often find there is little can be done for the bad eye save straightening it, and as this is the class of patients who have gone beyond everything but operation, I need say nothing more about them.

Treatment should commence very soon after the discovery of the squint. If it is convergent, determine the cause as quickly as you can and adopt your mode of treatment. When due to hypermetropia, advise that the patient shall do away with all close work for the present. If they fail to follow this you can get the result by putting a solution of atropine in the eyes, and in this way get rid of accommodation and render near work impossible. This solution need not be very strong, especially in young children. Snell says "A solution of the strength of one part to two thousand is sufficient, and may be continued for months." The next thing to do is, have their refraction tested, and the glasses prescribed should be nearly the full correction. Landolt advises a full correction with glasses, and the additional use of atropine; at first he prohibits near vision, then it is gradually allowed. If, on discontinuing the mydriatic, the patient does not relapse into squint, a change for the weaker is made in the spectacles. These must be worn constantly to prevent a return.

If it is a case in which squint has gone on for some time before your attention is called to it, you will experience more trouble in obtaining your results, and the treatment will require a longer time.

The sight may have become diminished, and the patient already

formed the habit of suppression. When this is the case you must call his attention to the false image.

One way of doing this is by means of the candle flame and the colored glass; this time the glass should be placed over the good eye, because it will help to render the true image indistinct, and by comparison the false one brighter.

When the patient is able to see both images, (and you must encourage him to keep at it until he does) they will be separated, more or less, according to the degree of the convergence, and your next effort must be toward having him fuse them by exercising the external muscle.

Fusion can be attained by selecting a prism that will unite the images. The prism must not be stronger than  $12^{\circ}$ .

When the correcting prism is weaker than this, we divide the effect by placing before each eye a prism of half the strength needed for fusion, with their bases outwards. In two or three weeks we can change these for weaker ones, and so on, till the deviation is corrected.

A simple way for exercising the defective eye is: put a bandage over the good one an hour or so each day, making the patient use the other to go about with.

If he will not wear the bandage you can put atropine in the good eye for a while, at intervals. The result of this exercise will be, in most cases, to increase vision of the bad eye.

In those forms reflex in origin, and resulting in increased innervation of the internal muscle, by the application of proper remedies and advising a hygienic and dietic reformation, you will be able to effect a cure. In paralysis of the external muscle you must treat the condition causing the paralysis. In this, electricity may be of some use.

The successful treatment of divergent strabismus is more difficult. When associated with or due to myopia, and where the case is of recent origin, we may give concave glasses that will enable the patient to see objects at a normal distance; but this will not always bring the answer.

Sometimes it is best in these cases to decentre the lenses by setting them more widely apart, in this way converting them into weak prisms with their bases inwards, and by so doing diminish the distance which the eye must converge to bring the rays of light on the yellow spot.

If this avail nothing the patient can be given weak prisms, with their bases inwards. These must not be worn longer than a few



weeks at a time, when weaker ones can be given, thus encouraging the patient to adduct the eye.

In the paralytic form, don't neglect the cause, for in removing this lies the cure of these cases.

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## THE IMPORTANCE OF PHYSICAL EXAMINATIONS OF THE EAR, NOSE, AND THROAT.

BY H. I. JESSUP, M.D., PHILADELPHIA, PA.

[Read before the Philadelphia County Homœopathic Medical Society].

In the whole field of medicine I know of no organs which receive fewer physical examinations, at the hands of practitioners, than the ear, nose and throat. This is the more reprehensible as it is generally such an easy matter to examine these organs, and (by doing so early in a disease affecting them) to prevent a series of ills, ranging all the way from slight discomfort to death.

A glance at the relative anatomy of the middle ear, in particular, will give an idea of the importance of diseases of this part. The *superior wall* of the tympanic cavity is a thin shell of bone which separates it from the middle cerebral fossa. In some cases this wall is fissured and then the pia mater, arachnoid, dura mater, and mucous membrane are the only protection the brain has from any inflammatory process that may exist in the tympanic cavity. The *inferior wall* consists of bone which separates the cavity of the tympanum from the internal jugular vein. The *posterior wall* has openings in it which communicate freely with the mastoid cells, and these are separated from the brain by bone that is not overly thick in places. The *anterior wall*, of quite thin bone, separates the cavity of the middle ear from the carotid artery. The aqueductus fallopii, containing the facial nerve, passes along the posterior and inner walls. The bony sheath of this nerve is sometimes absent in the middle ear, and then the mucous membrane alone protects the nerve from pathological conditions of this cavity. Having fixed these anatomical relationships in the mind, I think it will be impossible to deny the grave importance of diseases of this organ. This being granted, are we not criminally negligent in failing to make careful physical examinations of the ear?

If a patient with symptoms of grave heart disease comes to a physician, is he allowed to leave the office before a careful examination of the heart has been made? I believe not. Yet, patients suffering from ear diseases, equally as dangerous as those of the heart, often go to their doctor, and he, through thoughtlessness, makes no examination.

I would like to call your attention to some of the symptoms and dangers which may arise from diseases of the ear. In acute otitis media there are often present symptoms which closely resemble those of severe cerebral irritation, such as boring the head into the pillow, and rolling the head from side to side, spasms, unconsciousness, and even screams which simulate the "*crie encephalique*." Examination of the *membrana tympani* at this stage will enable you to determine what the trouble is, and to assure the anxious parents that it is *not* brain disease. The greatest dangers we have to apprehend from diseases of the ear are *phlebitis*, *pyæmia*, *meningitis*, cerebral abscess and chronic suppuration of the tympanum. All these complications threaten the life of the sufferer most seriously; and yet they often may all be avoided if a physical examination is made early and the proper treatment instituted. Paralysis of the facial nerve sometimes occurs in the course of a chronic suppuration of the middle ear or caries of the temporal bone.

Then again, *deafness*—ranging from a slight diminution in the acuteness of hearing to the most pronounced deaf-mutism—often develops from a neglected ear disease. According to statistics, 40 to 60 per cent. of deaf-mutism has been acquired after birth, from diseases of the middle and internal ear. Many of these diseases could have been checked if taken in hand early, and the number of deaf mutes would have been materially lessened.

To sum up, then, a physical examination of the ear should be made (a) whenever symptoms of a grave cerebral disease become manifest (especially if this occurs during an acute exanthematous disease), or (b) when from the actions of the patient we suspect there is pain in the ear. Indeed, it would be well if the doctor would examine the *membranæ tympani* in all cases of scarlet fever, measles, etc., at every visit.

*Discharge from an ear, impaired hearing, tinnitus, dizziness* accompanied by *falling, obstinate nausea*—all of these symptoms imperatively demand an examination, in order that the cause may be found. For an examination of the ear all the instruments that are generally necessary are a head mirror and a nest of ear specula. The head mirror should be concave, with a focal distance of about twelve inches. The metal specula are the most durable. If there is pus, wax, or a foreign body in the external canal it is necessary to have a syringe, an ear curette, a fine probe for wrapping cotton on and a pair of ear forceps. The syringe should have a very short, blunt nozzle so that there will be no danger of pushing it down to and injuring the *membrana*



tympani. The forceps should be angular ones so that the hand will be entirely out of the line of vision.

There are certain little points in the technique of a physical examination of the ear, which are important to observe if one wishes to see the membrana tympani. I have seen men put the head mirror on, turn their own backs deliberately to the window (through which the light for illumination was coming), place the patient with that ear to be examined turned toward the window, move the head mirror in all directions and wonder why they could not illuminate the ear. The only way in which the ear can be properly illuminated is by facing the light yourself and having the ear that is to be examined turned away from the source of illumination and toward the observer. Another important point is, to adjust the head mirror in such a way that you will look through its central opening; in this way the observing eye will be in a direct line with the returning rays of light and the clearest sight of the deeper portions of the ear will be obtained. When the light is properly directed into the canal, we can often get a view of the membrana tympani by gently drawing the auricle upward and backward, at the same time pressing the skin in front of the tragus toward the external canthus of the eye.

If the canal is too crooked to allow of this method it will be necessary to use an ear speculum, which should be introduced with great care, and only during good illumination. The conditions which may interfere with an examination are the presence of pus, wax and foreign bodies. Pus, wax (if soft) and foreign bodies (when small) should be removed by the syringe, which must be used with great care lest syncope be produced. Insects in the ear often give rise to the most excruciating pain in their struggles to get free. In such a case thick oil should be poured into the external canal. In this way you will lessen very much the struggling of the insect and also succeed in killing it. As soon as it is dead it can usually be syringed out. Maggots in the external canal can be quickly killed by putting a few drops of chloroform on a piece of absorbent cotton and then placing this in the external auditory-meatus. As soon as they are dead they can be easily removed by the syringe. If the wax is so hard as to give rise to severe pain in attempting to remove it, it can be softened by dropping in a mixture of equal parts of water and glycerine, three to four times daily.

I believe that diseases of the nose and throat are especially important, on account of their influence on the ear and larynx. In hypertrophic rhinitis there is often such swelling of the turbinated bodies that the nasal cavities are occluded. This gives rise to mouth breathing,

flaccidity of the membrane tympani, pharyngitis and even chronic laryngitis. There may be formation of quite offensive crusts in the nose from two diametrically opposite pathological conditions—atrophic and hypertrophic rhinitis. These conditions require very different treatment, and can only be diagnosed with certainty by making a physical examination. I would like here to say a few words about the method of examining the nose and throat. The same head mirror used for illuminating the ear should be utilized. The light should be on the patient's right or left (according to habit), on a level with the ear and about one inch back of the head. To dilate the anterior nasal openings you will need a nasal speculum. This one of Elsburg's is very satisfactory. If there is such swelling of the anterior portions of the turbinated bodies as to prevent an examination of the posterior portions, a piece of cotton (in a cotton carrier) dipped into a four per cent. solution of cocaine, and swabbed over the swollen tissue, will produce a magical contraction of the obstruction.

For examining the post nasal space it is necessary to have a rhinoscopic mirror. The mouth should be opened wide, the tongue held down by a tongue depressor, and the light thrown upon the posterior pharyngeal wall. This being accomplished, the rhinoscopic mirror should be introduced with its reflecting surface uppermost. It is well to avoid touching the base of the tongue or the posterior pharyngeal wall with the mirror, as we may thus prevent gagging. The mirror should be heated over the gas before introducing it, as if this is not done, the moisture in the exhaled air will condense upon the cool surface of the glass, and will render it impossible to see the posterior nares.

Simple chronic rhinitis and hypertrophic rhinitis must be distinguished from each other, and this can only be done by careful examinations. A chronic rhinitis, with much discharge and frequent bleedings from the nose, may be found, on examination, not to be an idiopathic condition but one brought on by the irritation of a foreign body.

A child, eight or nine years of age, was brought to me during the past summer, suffering from catarrh which had existed about seven years. She had been treated, without the slightest benefit, by several doctors. Upon examining the nasal cavities I found in one of them a shoe button completely covered by a calcareous deposit. The removal of it cured the catarrh. The physicians to whom she first went could not have examined at all, for the mass was brought into plain sight as soon as the nasal speculum was introduced.

Inter-nasal irritation may cause, by reflex action (supposed to be through the superior cervical ganglion or the sensorium) asthma,



cough, nausea, syncope and even epilepsy. In order to get the best results from treatment, the different forms of pharyngitis (hypertrophic, follicular, and atrophic) must be diagnosed from each other. These diseases of the pharynx, with adenoid vegetations in the posterior nasal space, involve the middle ear either *directly*, by the extension of the inflammatory process into the mucous membrane tissue, the Eustachian tubes, or, *indirectly*, by blocking up the mouths of the tubes with discharge or adenoid tissue.

In severe cases, it is impossible to cure chronic ear or laryngeal disease, till all pathological conditions of the nose or vault of the pharynx, which give rise to mouth breathing or excessive discharge have been removed. Nasal respiration accomplishes three very important things: the air is *warmed, moistened, and filtered* of much of the dirt floating in it, before it reaches the pharynx and larynx. When mouth breathing has to be resorted to, the air is too cool and dry, and has a great number of little particles floating in it which act mechanically as irritants, thus setting up pharyngitis and laryngitis.

An elongated uvula has given rise to such irritation that the patient was thought to have phthisis, until a physician examined the throat, found the elongated uvula, and by cutting it, cured the sufferer. Bearing these facts in mind then, in all cases in which there is any possibility of the ear, nose or throat being the primary seat of disease, let us make careful and thorough examinations of these organs, and not, as is too often done, go it blind.

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## Translations.

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### COPROSTASIS—STENOSIS OF THE INTESTINAL CANAL.

A POSTHUMOUS ESSAY, BY THE LATE EDWARD VON GRAUVOGL.

[Translated for THE HAHNEMANNIAN MONTHLY, by S. Lilienthal, M.D., of San Francisco, Cal].

Dr. Carl Bojanus, of Moscow, publishes in the fourth and fifth fascicle of the sixth volume of the *Zeitschrift des Berliner Vereins hom. Ärzte*, among other papers also the following essay, which we translate with pleasure. Dr. Grauvogl writes:

The foundation of coprostasis is laid during the first years of life, and its first symptom is the chronic diarrhœa of infants, because during its presence, among other anatomic-pathological changes, hyperæmia by infection, from taking up decomposed parts of the intestinal contents, arises with swelling and final ulceration of the follicles, especially of the solitary ones of the colon. These ulcers may heal, but the mucous membrane is not restored; cicatrices are formed, consisting of

connective tissue, deficient in blood vessels and nerves, which constrict more and more in such places the lower part of the intestine. Whereas other parts of the intestinal canal continue to grow year by year, scars cannot grow and these places remain, in comparison with other parts of the intestines, behind in their growth; remain stenosed and even smaller than they were before this stenosis happened. It is well known that we often meet stools of the size of the little finger, round or flat, deeply indented according to the formation of the stenosis adjacent to the rectum. Though originating in the first years of life, they remain the same through life, acting like strictures on the fecal masses. The feces stagnate through the whole canal up to the cœcal valve, are by absorption deprived of their fluids, become of stony hardness and the mucous membrane, to save itself, deposits around it large quantities of mucus, in order to guard against injury in loco. Thus it is clear, that nutrition suffers and this explains the sallow, pale or brownish color of the face. The next consequence of these changes is constipation, standing in proportion to the number of stenosed places. Chronic infantile diarrhœa is caused by wrong food, especially by cow's milk which easily turns sour, and which is often the cause of the death of infants, and we might just as well acknowledge right here that even at that tender age we can read clear symptoms of hereditary malaria and anagenosis, which are too often witnessed in children who are not nursed by strong mothers. As allopathic treatment, instead of trying to remove the poison—*i. e.*, the contents of the intestines unfit for nutrition—does its best to retain that poison with their opium, bismuth, oxide of zinc, bromide of potash, limewater, etc., it is clear that such treatment helps the development of the disease, and where it succeeds, the artificial coprostasis, produced by relaxation and altered peristaltic motion of the intestines, begins and thus both forms may be met side by side. Sometimes the cream of the cow's milk, by its coagulation, leads to constipation; at a later stage scanty vegetable food. There can be no question that where the digestive organs are not in order, nutrition and function of the whole body suffers, and still more so in a growing person, for, how is it possible for a child to grow if it does not receive nourishment enough for the present size of its body? All organs and tissues, which are not fully supplied with nutritive matter, pine away. There is not enough silica in their food, and osseous formations suffer primarily; we thus meet difficult dentition, hydrocephalus, rachitis. The same may be said of scrofulosis and tuberculosis, especially of the latter, from retardation of the growth of the thorax and especially of



the first rib. In consequence of the obstruction, which may last several days and renders defecation difficult, the rectum protrudes, sometimes with such urgency that convulsions set in, and through the abdominal walls we may feel, in the course of the colon, hard balls of fecal matter. Fever may combine itself with the convulsions, preceded by colicky attacks. Coprostasis is also too often the cause of umbilical and other herniæ in children, as well as of the incarcerated herniæ of adults. The more such inspissated masses fill up the lumen of the intestine, the more its function is inhibited, the follicles closed—as precursors of rachitis and scrofulosis—the capillaries more or less compressed, circulation prevented, hence carried into other courses, often leading to cerebral hyperæmia. This obstruction alternates with diarrhœa, usually because the stenosed places are full of decomposing masses which finally go into detrition; these are carried by the capillaries into the circulation, irritate the intestinal walls and become the direct cause of these intestinal catarrhs. The same effect follows the same cause also in adults. When these acute catarrhs of the intestinal mucous membrane become watery and extract much serum from the blood, the brain may suffer, which, with depressed fontanelles, offers the severe symptoms of acute dropsy of the brain; but it may also arise from deficiency of water, and anæmia, accompanied by unconsciousness, relaxation of muscles, unceasing clonic spasms, dilated pupils, either pale or cyanotic face, sopor, pulse which cannot be counted, and, finally, collapse with sinking of the temperature of the body. Here wine, ether, brandy, iron and china, as given by the old-school, are of no use; nor will hot baths, hot cloths, raw meat, etc., be of any benefit; coprostasis is the cause and this must be removed.

Eclampsia, convulsions, tremors are the sequels of early coprostasis, and the same may be said of the suddenly appearing general toxic or epileptiform spasms with unconsciousness, which remain solitary or appear repeatedly at long intervals. The changes accompanying the eclampsia, the hyperæmia and œdema cerebri are like to the hyperæmia and œdema pulmonum, arising from congestion in consequence of the change of circulation in large tracts of this canal-system, here form those of the intestinal canal in consequence of coprostasis. Hence hydrocephalus, cerebral anæmia or the pressure of hyperæmia and of œdema, and the eclampsia are the sequelæ of coprostatic affections; they are preceded by restlessness when sleeping or waking, daily changes of features, pale or incarnate, the eyes are either turned upward, or trembling, or staring, and the facial muscles draw the face hither and thither. Death does not follow without complications with

malaria and anagenosis. An injection with vinegar may still revive the waning powers of life and render further treatment possible. Here we must also mention paralysis infantum, suddenly appearing without prodroma, without preceding fever, which is just as characteristic for the blood-poisoning from infecting intestinal contents, as the immediately preceding or following convulsions, with unconsciousness, and the partial or total disappearance of all paralytic symptoms or their limitation to one arm; one leg, etc., but especially that they now become the cause of death. It is only a pity that such a partial paralysis lasts through life, leading to atrophy and stoppage of further growth, when it is clear that all such mischief might have been prevented. These attacks are also accompanied by a bluish discoloration of the skin, which at a later stage turns brown. Such patients may die in a few hours, if not rationally treated; the worst allopathic poison is the modern faradization, the favored antipyretic treatment, chloroform, opium, iod., bromide of potash, musk, means enough to kill the patient, or to make him at least very miserable.

From this obstruction a chronic coprostasis arises, emanating mostly from the stenosed parts of the colon; the older the children become and the lumen of the intestine grows, the more the stenosed part remains backward in its growth. Now the children will be troubled with cutaneous eruptions, mostly tinea favosa, urticaria, etc.; the products of decomposition in the intestines which cannot be evacuated are taken up by the capillaries and, carried onward, manifest themselves differently according to the soil on which they fall. Either dyspepsia existed before, or it appears or disappears now according to the state of the intestinal contents. Tinea also may last through life, or as long as the coprostasis exists, and no benefit could be expected from external anti-parasitic treatment, with kali iod., carbolic acid, quinine, etc. The disease only spreads and may become infectious. This tinea may also be produced by malaria from *penicillium glaucum*. The dyspepsia may also last through life, sometimes better, sometimes worse, according to the contents of the stomach, accompanied by diarrhoea or constipation. With children it may originate in too much nursing, which exhausts the pepsin-chlorhydric acid of the stomach, and the remainder of the milk remains unchanged; or from wet-nurses when menstruation reappears or pregnancy takes place. Cholera often arises from such indigestible matter; but we must not mistake this for the cholera of children, which always presupposes a coprostatic weighed-down intestine.

At the time when the children begin to eat bread, the lumbricus



appears, but the rapid change of color, the itching, and the screaming in sleep point primarily to coprostatic accumulations, in which the worm develops and grows. It is not the worm which irritates the sympatheticus, causes diarrhœa or constipation, but the consequences of coprostasis, and the worm is only an accidental tramp in those masses, who nevertheless may occlude the intestine, and fæcal vomiting follow. The ascaris needs the same conditions. When the children eat raw meat they may acquire a *tænia medio-canellatta*, and from pork a *tænia solium*, especially where there are large accumulations of mucus, so necessary for their existence. These quantities of mucus originate in the long-continued coprostasis, and preserve the intestinal wall from irritation by hardened fæcal masses. The presence of these mucous masses in the stools led the old-school into the error of mucous hemorrhoids, resisting all anti-hemorrhoidal treatment and leading to the formation of foreign bodies, *tænia* and coproliths. No worm will be discharged till the coprostasis is removed. When the children begin to eat fruit, and if they have stenosed places in the colon, the kernels remain and form intestinal calculi, perityphlitis and invagination.

Dysentery is certainly a sequela of coprostasis, and is maltreated with astringentia,—*ratania*, tannin, opium, *argentum nitr.*,—or with purgatives to free the intestines from their poison. We may even surmise that Asiatic cholera is possible only in the presence of coprostasis.

The daily discharge from our food passes through, and all purgantia, especially the salts, go the same way without carrying off any coproliths. Some small particles may break off and pass the stricture; behind it there is space enough and mucus enough, where they might dissolve and develop gases. These fluid products of decomposition cause diarrhœa, or they are carried into the circulation by the blood and lymph-capillaries of the intestinal mucous membrane. A momentary septicæmia arises with all its consequences, and falsely considered as melancholia, hypochondriasis, coxalgia, spasms, molimina hemorrhoidalia. When such coproliths are in the region of the hemorrhoidal veins, they cause, by their pressure, not only such molimina, but the entire hemorrhoidal disease with such exquisite manifestations, as even to lead physicians to call it hysteria in male patients.

Where a large quantity of the old fæcal mass squeezes itself through a stricture, it leaves a larger space before (?) the stricture, but fills up that part lying behind (?) the stricture for 24 to 36 hours, as can be demonstrated by percussion.

People may suffer from high grades of coprostasis and still affirm that they have regularly their daily evacuation. But the export does not agree with the importation, and we can demonstrate it, *ad oculos*, by lifting with both hands the abdominal walls, and we see objectively the contents between the hands and the spinal column, except the thin walls of the intestines, and such people are astonished at the enormous quantities of *fæces* which they carry around with them. In the cadaver these strictures are either overlooked because one finds the intestine empty and fallen in by the preceeding treatment, or the bowels are opened without a preliminary examination in position, or they may be seen, but no notice taken of them, or they may be accepted as mere curiosities without considering their origin and sequelæ.

All sequelæ of coprostasis, with all their different pathological names are: (1) those of pressure on neighboring organs, kidneys, gall-bladder, rectum, etc. (2) Those of local pressure during the passage of *fæcal* masses through the stricture. (3) Those of auto-infection by the detention of the coproliths and their absorption. The consequences of pressure on neighboring organs are easily understood, but often enough falsely diagnosed, and the same may be acknowledged in cases under classes 2 and 3.

Coprostasis is also the base of that bodily constitution, which I call *carbo-nitrogenoid*, just as the different *malarias* of damp places, habitations and regions are the base for the *hydrogenoid* and *syphilis* and *gonorrhœal* poison for the *oxygenoid*. In relation to No. 2, I ought also to mention that the colon may adopt most diverse positions, partly from different adhesions, partly from other causes, through the weight of its contents here and there, and such a weight hints always to the place and existence of such a stricture. Where, then, a stricture with its *inspissation* exists, it may produce most manifold pains—in the renal region; on the right or left side; inside the pelvis; in the gastric, hepatic, splenic, vesical, uterine region, etc., even above the normal position of the diaphragm, which is raised up by the coprostatic, enlarged belly, and infringes upon heart and lungs, and therefore the greatest diagnostic errors are often made, as hypertrophy of the heart, valvular defects, *dyspnœa*, *hæmoptœ*, *catarrhus chronicus*, *emphysema*, *asthma*, *cirrhosis hepatica*, swelling of spleen, *carcinoma ventriculi*, *icterus*—and all of them disappear with the removal of the coprostasis. In consequence of such intestinal stenosis I have also observed—and cured—difficulty of hearing, *presbyopia*, dullness of the lens and *glaucoma*, chronic *conjunctivitis*, *ozæna nasalis*, *furunculosis* and *carbunculosis*,



mental alienations, etc., so that such patients demonstrate the whole pathology of the carbonitrogenoid constitution.

These indications are necessary to remove the carbonitrogenoid constitution, with all its terrible and manifold diseases :

(1) The removal of everything which causes the gastric catarrh and the diarrhœa ; then, naturally also, the consequent obstruction of the inspissated fœcal masses, but only in a manner corresponding to the simile, which is absolutely innocuous, rational and, therefore, successful.

(2) The stenosis in the intestinal canal must be resolved.

(3) As it takes time to do justice to the former indications, palliatives may be allowable on account of the severity and danger of the pains.

According to the law of similarity a diarrhœa must be removed by means which under other circumstances produce diarrhœa. But we cannot use for that purpose the allopathic laxantia and mineral water—in fact they are injurious and do not prevent relapses. Even daily injections are not indicated. My rational treatment consists in injections of warm water of 23, 30, 32 R. (94° to 104° F.), which are perfectly safe, although we may use nearly a gallon at one sitting, once or twice a day. The more fœcal masses are thus discharged the more room there will be for the water. With this gain in space, the space for nutrition, closed probably for a number of years, also enlarges. Thus, in one case, a dead, half-macerated tœnia, from which the patient suffered twenty years ago, was discharged, and in another case a number of mulberry and current kernels, though the patient had not touched any since he was a boy.

The acid water, caused by coprostasis, make considerable exacerbations. The most atrocious pains arise suddenly at some part of the body, are soon accompanied by tonic and clonic spasms, with pale skin and cyanotic face ; bloated and bluish around eyes ; hands and nails bluish ; trembling, especially of hands, so that patient can hardly write. Consciousness is often retained, often lost for half-hour, two to six hours and longer ; formication in upper and lower extremities, with or without the power to move them ; the fingers are drawn inwards, especially the thumb ; sometimes with foam before the mouth—thus simulating an epileptic attack ; sometimes short-breathing, even to dyspnœa ; severe palpitations ; horripilations ; intestinal and gastric cramps ; stiff neck, stiffness of divers muscles, especially of face ; frontal and occipital headache ; nausea and vomiting, with or without profuse diarrhœa ; impossibility to change position, borborygmus ; passage of flatus upwards and downwards ; deliria ; screaming and sighing ; impossibility to open mouth or to speak ; with pale watery urine, which immediately relieves ;

gaping either before or after the attack, all of which may appear solitary or follow one another, succeeded by excessive prostration for hours and days. Physicians called in about this time make many a wrong diagnosis: give chloroform, inject morphine, which only renders matters worse, and gives the whole anatomic character. At first one or several of these symptoms may be observed, but with the repetition of the attacks the number of symptoms increases. They are partly sequelæ of the tension which the hard fæcal masses exert upon the stricture, and which gradually pass through the stricture, with enormous pains and reflexes in the course of the vagus and sympatheticus; partly sequelæ of lateral pressure (according to the position of the stricture), upon the gall-bladder, uterus, ovary, kidneys, etc.; partly sequelæ of the auto-infection of the blood, whereby the whole nervous system suffers peripherally, so that a miserable solitary coprolith may produce the most woeful sufferings. These attacks often take on a strict typical form; reappear every 4, 6, 8 and 14 days. Every such type is a symptom of coprostasis, as during such interval the regular accumulation again takes place, and it would be a great mistake to treat such a case as intermittent fever or hysteria.

All these attacks are at first not removed by our injections. In fact they appear more frequently, because the old masses expand and can be moved; whereas, without them, perhaps only one or two attacks were witnessed during a year. But the remissions during the intervals are more easily borne, whereas formerly the contrary was the case. Gradually the time approaches, perhaps after half-a-year or later, when the patient considers himself well during the remission, as he has discharged tremendously large quantities of foul-smelling fæces and so feels astonished at the appearance of another attack. Still he feels encouraged by the result gained, and with diligence he pumps in huge quantities from time to time, and success crowns his efforts, though it may take months to accomplish it.

Still something more than these copious injections is necessary to dilate the stenosed parts and strictures. This cannot be done mechanically; when I proved thuja I found that the nails on my fingers and toes became soft; such a symptom must be of practical value, and as the nails as well as these strictures consist mostly of connective tissue, I gave thuja in order to soften these strictures, and my calculations proved true. It may take two weeks or three months, but the pains in the stenosed places gradually decrease with every attack, the size of the fæces increase, till they become finally of normal consistence and size. Such treatment may be aided: (1) by the use of good brandy. One or two glasses often wonderfully shorten the attack;



spirit-proof alcohol may take its place; both counteract sepsis and infection. Where alcoholics are not well borne, camphor, 8th dec. dilution, five drops every hour, may take its place. It happens sometimes that large quantities of pus are discharged after a severe, painful attack. Here arnica 1, or 2, is a real panacea, which I order sometimes as a prophylactic instead of cyclamen. Tincture of cinchona is a better disinfectant than chininum, and I am often obliged to alternate cinchona tincture with arnica 1. Especially where there are symptoms of auto-infection, brandy or alcohol, cinchona and camphor are our sheet-anchors, as the poisoned blood, instead of nourishing brain and cord, acts injuriously upon them.

Against the pains, produced by the pressure during the forced passage of the fæces through the stricture, our remedy is cyclamen 2<sup>x</sup>, five drops, and its effect in relieving that pain is often miraculous, though for lubricating purposes I often order one or two tablespoonfuls of sweet oil per day.

Finally, some remarks yet about the origin of coprostasis. Dysentery, typhoid, and cholera arise from many causes, but all such causes will not hurt anybody, unless there is already in him a disposition to these diseases. Causes and conditions must act in unison when such diseases take place. That most causes may be reduced to products of decomposition, is clear, but we do know very little about them, and we must not allow them to settle down in our own bodies for their development. Hence my own treatment for typhoid, dysentery or cholera is that of coprostasis; typhlitis, perityphlitis, enteritis, peritonitis, are usually only mechanical sequelæ of coprostasis; and the same may be said of ileus, colic, prolapsus uteri, chronic metritis, leucorrhœa, incontinentia urinæ, scrofulosis, rachitis, hemorrhoids. The enchondrom; the cardiac affections, the neuroses and arthritis are sequelæ of the circulatory disturbances caused by the coprostasis. It is easily understood, that by the pressure produced by the hardened fæces on the capillary system the equilibrium in the functions of the circulatory system becomes disturbed, partial anæmia results, and the stagnation in the kidneys causes renal affections. Add to it advanced age, sedentary occupation, no muscular activity and very little perspiration, and another depurator of the blood will be deficient in its action, the heart will be overworked without accomplishing its full duty, and thus gout and rheumatism take their origin.

*Qui bene purgat, bene curat*, was the principle of many old physicians; but they failed, and miserably fail with their laxantia. Our treatment of coprostasis will always succeed, if carried out faithfully, for it is based on reason and on the law of similarity.

## The Homœopathic Clinic.

[NOTE.—Contributions to this department are especially solicited. They should be as brief as practicable, and should include the following:

1—Diagnosis. 2—Clinical History sufficient only to indicate the Diagnosis and Tendency of the Case. 3—Totality of symptoms; those strongly suggesting the remedy should be underscored. 4—Remedy. 5—Beginning and Duration of Convalescence.

No case should be reported in which a probability of spontaneous recovery, or the probable influence of some other treatment, medical or hygienic, employed in the case, may suggest a reasonable doubt of the curative action of the remedy.—ED. H. M].

### RECURRING CATARRHAL ENTERITIS—RHUS TOX.

CASE 1.—August 12, 1886, I was consulted by Mrs. E., æt. 43. For five successive years she had had diarrhœa, beginning each year in the month of August, and continuing throughout the winter. In the spring she was quite exhausted in consequence. No treatment, allopathic or homœopathic, afforded relief, except for a day or two. She first noticed the diarrhœa after having finished an unusually heavy wash, (*over-exertion*); and it was aggravated by meat, by apples, *was always worse at night* or towards daybreak, and occurred very seldom during the day. Occasionally she felt an urging to stool, but with the effort the desire passed away. During the evacuation she experienced pain in the lower part of the abdomen, which was relieved by belching and by the discharge. In addition to the abdominal pains, the stool came with a sudden rush, the *pains ran down both thighs*, and the stools were liver-like or *jelly-like*, alternately. The pains down the thighs were characterized by *numbness*, and *after the stool she was weak, nervous, and trembling*. She *always feels worse in damp weather*.

Six months before consulting me she had raised a mouthful of bright blood. Suspecting that both the diarrhœa and dyspeptic symptoms were secondary, (or rather, symptomatic) to a tuberculous pulmonary lesion, I made a careful examination of the thoracic organs. At the right summit, two inches below the clavicle and three inches from the sternum, there was dullness on percussion, increased vocal fremitus, and bronchophony—a picture of pulmonary solidification. The lesion was very definitely circumscribed; heart normal; pulsations 74 per minute; temperature normal at my first examination, and the study of a record carefully kept by her at my direction for a week, revealed the normal variations. The condition of the temperature, the normality of the cardiac action, and the absence of the usual phthisical symptoms, convinced me that I had to deal with a latent pulmonary lesion. I did not believe that her dyspeptic symptoms were altogether competent to produce the diarrhœa; that is, to make it so predominately out of proportion to the gastric disorder. That process of reasoning, together with the mucus (jelly-like) stools,



led me to the diagnosis of autumnal catarrhal enteritis. She received rhus tox. 1x dil., on No. 30 pellets. Before half the vial was exhausted her diarrhœa had disappeared. She has been under my observation more or less since, but has had no return of the diarrhœa, and August, that formerly perilous month to her, has passed.

E. R. SNADER, M.D., Philadelphia, Pa.

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#### SEQUELÆ OF CATARRHAL PNEUMONIA—ARSENICUM IOD.

CASE 2.—On October 19, 1882, I was consulted by Miss F. C., æt 21, a native of Quebec city, of medium height and well-developed chest, and with a decided inclination to plumpness. She told me that she had been taken ill in the spring of the same year with what the allopathic physician, who attended her, called catarrhal pneumonia. She added that she thought she had not been completely cured, as she still felt a gurgling in her lungs, and the cough and expectoration had continued all through the summer.

Now, the cough is hard and harassing, aggravated in the morning, and on going to bed. The expectoration is thick, copious, and of a yellowish tint. Emaciation is as yet inconsiderable, but the appetite has failed. An irregular chill comes on toward evening, followed by elevation of temperature. The monthly periods are scanty and delayed, and after each period all the pulmonary symptoms are aggravated.

I found marked dullness at the base of both lungs, both back and front, with coarse crepitation all over the area of dullness. Gurgling in all the larger bronchial tubes.

I prescribed ars. iod., 5x trituration; but getting little or no results, I gave the 4x, which did better service. In a month the patient was somewhat better, but relapsed as soon as she returned to her native city. Getting rapidly worse, she came back to Montreal, where she has resided ever since.

The case was extremely variable; sometimes we had the patient just about well, when, apparently, without any particular cause, the entire morbid state returned. On February 8, 1885, and following days, she had a series of hemorrhages from the lungs which brought her very low. But she rallied under ars. iod., third decimal trituration, and has continued to do well ever since. She may have fresh attacks, but I feel serenely confident in the power of the iodide of arsenic to bring her safely through.—THOMAS NICHOL, M. D., Montreal, *N. E. Med. Gazette*.

## Editorial.

### DISSOLUTION OF PARTNERSHIP.

PHILADELPHIA, Dec. 31, 1887.

The Hahnemannian Company (Limited), on the 31st day of December, A. D. 1887, by a vote of a majority in number and value in interest of its members, determined to dissolve. The undersigned were elected liquidating Trustees to wind up the concern. All persons having claims against said Association will present them, and those indebted will pay, to Bushrod W. James, M. D., 1719 Green street, Philadelphia.

BUSHROD W. JAMES, M. D.

PEMBERTON DUDLEY, M. D.

W. H. JAMES.

PHILADELPHIA, Jan. 1, 1888.

The undersigned, having purchased the Hahnemannian Monthly, will continue its publication, at the southwest corner of Fifteenth and Master streets, Philadelphia. All communications having reference to the *future* publication of the Journal should be addressed to him, as above.

PEMBERTON DUDLEY, M. D.

### "THE HAHNEMANNIAN;" RETROSPECTIVE AND PROSPECTIVE.

With the beginning of 1888 and of volume xxiii, THE HAHNEMANNIAN MONTHLY passes under the sole ownership and management of the individual whose name is signed to this article. Dr. Bushrod W. James, after closing up the affairs of the publishing company, will sever his business relations with the journal. Dr. James has given eight years of faithful and conscientious labor to his department and has placed the journal upon a much safer and stronger financial basis than when he

assumed the responsibility of its business direction. He has also greatly improved the quality of its advertising pages, until it is questionable if any medical journal published in America is less open to unfavorable criticism in this department. In order to accomplish this work he has rejected hundreds of dollars worth of advertising patronage, believing that professional sentiment would measurably sustain him in his course, even though it might not—as it did not—compensate the journal for its pecuniary loss. Although, we are not aware that this restrictive policy, in reference to advertisements, has added any names to the subscription list, yet it will be adhered to all the same.

For the past eight years, from January 1st 1880, I have borne the burdens, the responsibilities, and the anxieties of the editorial department. During a portion of the time, I enjoyed the counsel of the late Professor Farrington, as well as his co-operation in some important portions of the work. There have been periods during these eight years when the editorial chair has not been very comfortable, and when the accountability which the medical journalist owes to the profession, seemed heavier than could well be borne. It is not merely marking manuscripts for the printer, and correcting mistakes in grammar and defects in rhetoric; not merely reviewing books, and overhauling exchanges, and gathering news, and grinding out machine editorials, and reading proofs, and making up the forms—order out of chaos—and correcting the "revise" and penning the index, and answering multitudes of letters on multitudes of non-editorial



subjects. These things constitute the editorial *labor*, but they furnish only an insignificant portion of the editorial *responsibility*. The homœopathic journalist has cause for anxiety, and is under a responsibility, of which his allopathic brother knows but little. He must watch the course and drift of medical events with the intentness with which the soldier scrutinizes the movements of his own and his enemy's forces. He must seek to understand the drift and tendency of these events. He must note the causes which hinder the progress, lower the status, lessen the influence, or threaten the unity of his profession, and be ready to give timely information to those whose duty and interest it is to guard the cause of progressive medical science and art.

Since I began my labor as a journalist, the personnel of the homœopathic profession has notably changed. Many distinguished members have departed; Hering, Gray, Detwiller, Guernsey, McClatchey, Pulte, Small, Farrington, Liebold, Franklin and others, whose labors and influence have been mighty in the development and establishment of Homœopathy. During the same period about three thousand young physicians have been added to the steadily augmenting host. These young men and women have enjoyed broader educational advantages than their predecessors, and their influence—already seen and felt—must be correspondingly helpful. Our literature has grown apace, and altogether immense advances have been made. What a stimulus to the journalist in his labor!

Let me gratefully acknowledge the friendship and assistance of my professional brethren, many of them distinguished among their fellows, whose helpful words and practical co-operation have made success possible. If in the future I can secure equally warm and equally powerful friendships the

continued prosperity of the journal is assured.

One of the most pleasant features of American homœopathic journalism consists in the cordiality that prevails among its representatives. There are but few unfriendly rivalries among them, and there is a good deal of the feeling that the success and usefulness of one periodical adds in a measure to the honor of all. Reciprocal courtesies—unseen by others—are not uncommon, and THE HAHNEMANNIAN takes this occasion to acknowledge these friendly offices from at least half-a-dozen of its prominent sister journals.

To those who honor me with their contributions, their subscriptions, or their friendly criticisms, favorable or unfavorable, I can only promise that my efforts will be to make the journal useful to the practitioner, and to defend and promote, as in me lies, the progress, the influence and the unity of the homœopathic profession, and the usefulness and prosperity of all its societies, its colleges, its hospitals and its literature.

PEMBERTON DUDLEY.

#### INTELLECTUAL CULTURE AS AFFECTING THE MATERIAL INSTINCT.

In certain medical circles it is not a very uncommon remark, that the study and practice of a learned profession, and particularly that of medicine, disqualifies a woman for those duties and prerogatives which belong peculiarly, if not exclusively, to her sex; that it unfits her for the obligations of a true wifehood and motherhood; in a word, that it "unsexes" her. And this dictum is held to be all-sufficient to determine the question whether woman should be admitted to, or encouraged to enter, the medical profession. The manifest injustice and unreasonableness of such a proposition, as it bears upon that large proportion of womankind whose

maternal instinct, under our artificial and pernicious modern life, is never called into exercise, do not seem to receive much consideration.

There are two modes of meeting and controverting this view held by so many in regard to the natural sphere of womanly activity. One is by an equally dictatorial denial, based upon equally extensive—and equally inaccurate—observations, and the other is by a logical discussion of the points involved, and a careful and thorough investigation of the facts. The first-mentioned method is unreliable and fruitless, the other is alone worthy of the consideration of thoughtful seekers after truth.

That part of the womanly nature, said to be impaired or obliterated by a life given to intellectual pursuits, or the practice of a learned profession, is the sexual and maternal instinct. A noted gynecologist expressed it by the remark, that “the natural instincts are being all *educated out* of our American women.” Now, it is an easy matter to accept this broad statement, and almost as easy to refute it by simple logical methods. The emotional instincts above mentioned are, by no means, the only qualities of the womanly nature. The desire for knowledge is just as instinctive and just as imperative in the woman as in the man, and there is yet to be found evidence that the gratification of an intellectual instinct has any influence whatever over emotional impulses, save only as it may reveal the wisdom of repressing, stimulating or directing them. Physiologically it is no more safe to predict the overthrow of the sexual and maternal instincts by the growth of intellectual power, than to predicate the abolition of the love of music or of the beautiful in nature and art by the same means.

Woman’s thirst for knowledge has crystallized into a proverb. Is this instinct incompatible with that of mother-

hood? Did Nature, in creating her, make a huge blunder, and does she now seek to repair the mischief by enjoining the suppression of the one instinct for the preservation of the other? We shall have difficulty in convincing woman herself of such a proposition. Conscious of her capacity to acquire and to apply the highest forms of human knowledge; entering with keenest relish and enjoyment the fields of literature, art, science, business, social life—yes, and politics, she very properly, and very wisely, scorns any argument that would rob her of her equal rights to participate in any and all of them. Indeed, she is likely to condemn such arguments as so many wily efforts of man to prevent her from interfering with his own schemes for gaining wealth, pleasure, position, or power.

If it is right, if it is physiological, that a woman should bend her aspirations always in the direction of sexuality and maternity—should require every controllable circumstance in her life to shape itself towards these as the one all-supreme object of her existence, before which every other plan and hope, however lofty and sacred, must give way, then it is also right and physiological that the man who seeks her in wedlock should do so with this object alone in view. This is, perhaps, the lowest conception of the marriage relation—one which raises it but little above the sexual union of the brute creation. It had its origin in the world’s densest ignorance and most degraded heathenism, and kept woman everywhere—as in heathen countries it keeps her still—in a state of abject bondage to her “lord and master.” Christianity—not “science”—is striking off her chains, and, fortunately for the world, as she finds herself no longer man’s slave, she declines also to be his plaything.

In a recent issue of the New York



*Medical Journal*, Dr. Louise Fiske-Bryson presents some *facts* relative to the influence which intellectuality exerts upon the maternal instinct. The Doctor closely questioned twenty-five women, all of whom were "of average or superior intelligence, had received excellent advantages of education and travel, and occupied good social positions. Their ages ranged from twenty-five to forty. In style, temperament and quality there existed great variety, as well as in height, weight, and physical development. They had married somewhere between the ages of nineteen and thirty-five. Nearly all were mothers. These women answered unreservedly and with apparent sincerity." The following is in substance the result:

In five of these women, sexuality was at a minimum, and the maternal instinct expressed itself "with ribbons, laces, admiration of pink cheeks and bright eyes, and the proud knowledge of possession. The sense of protection was absent. There was no willingness to give up liberty or pleasure for maternal duties. None of these women wished to suckle their own infants, and some were physically incapable of it."

In nine women the sexual and maternal instinct was occasionally and variably developed; the "sense of protection was present."

The remaining eleven "were conscious of possessing natural human instincts—sexual, maternal, and the sense of protection." All of them nursed their young "from preference as well as from principle." "The children of all these mothers excel in strength and beauty, both of mind and body. The women themselves possess a high order of intellect, together with great energy and marked force of character. One is a royal beauty, admired of two continents, whose child is as handsome as herself. Four are physicians, three are

engaged in literature, and three are exquisite and dignified matrons, whom to know on easy terms of familiar friendship is in itself a liberal education. They all have done and are doing sound, solid work that is of value to the world."

From these observations, Dr. Fiske-Bryson draws her conclusions, *viz*, 1, that cultivated women, of the highest type and of most value to the world, are in no wise deficient in natural instincts; 2, that cultivated women of lower type, of the order known as *petites maitresses*—women of elegant pretensions—are more or less deficient in natural instincts; 3, that cultivated women of still another type, *without particular aspirations of any kind*, are often devoid of natural instincts and hopelessly astray in all that pertains to nature."

These observations, few in number as they are, are worth more than whole volumes of sentimental talk about "woman's sphere," and all that. After all, what is more natural than that a woman in whom the maternal instinct is strong, should seek out just such opportunities for the exercise of her motherly sympathy as she is likely to find in the profession of medicine?

#### THE MEDICAL ASPECTS OF THE ALCOHOL QUESTION.

Naturally enough the medical profession, painfully cognizant of the physical effects of alcoholic intemperance, is quite warmly interested in the questions relating to its suppression or prevention. And we, as medical advisors, are doubtless becoming more and more willing to dispense, whenever possible, with the use of alcoholized prescriptions, lest some evil should subsequently befall the patient, through a morbid craving engendered by the medical use of the drug. In this particular the medical profession has undoubtedly made

one of its most important recent advances.

The profession thus inadvertently declares its belief in the very sensible doctrine that the cause of alcoholic intemperance is the habit of drinking alcohol. Some may think such a declaration is so nearly axiomatic as to be needless. Not so, however. There is a goodly host of medical writers engaged in an effort to convince us, not that drinking causes inebriety, but that inebriety causes drinking. They argue against the common view that alcoholism is a disease induced by the alcohol habit, and insist that the habit is caused by the disease—that the disease comes first, the habit subsequently and consequently. And, these writers are not very tolerant of controversy either; they insist that their views must be accepted without further hesitation, and denounce the doubter as a visionary, an impracticable, perhaps a fanatic. A recent article from the *Journal of Inebriety* will furnish an illustration of the quality and, somewhat, of the style, of the argument (?) above mentioned. That journal says:

"The theory of prohibition"—by which it presumably means the prohibition of the licensing business, as that is the only form of prohibition contemplated—"is not sustained from a study of the inebriate and inebriety. Alcohol is not a luxury, to be used, or not, at the will of any one. It has been used in all ages and by all people, to soothe and relieve the wearied brain and unstable organization. Alcohol and its compounds, have ever been used to supply some demand of brain or nerves, some defect or debility. The army of inebriates are (*sic*) recruited from states and conditions of life far back of the distiller and saloon. In this country they are often victims of our high pressure civilization, of continuous nerve strains and drains, which not only exhaust but cripple the race and its descendants. \* \* \* \* \*

"The drink problem cannot be solved by moral suasion or prohibition; it is a

question for science and scientific study. In the march of progress beyond the noise and enthusiasm of temperance reformers, the great forces of civilization are seen recruiting inebriates along lines of causes and effects as fixed as the motion of the stars. In the same range the scientists catch glimpses of the laws of prevention and cure, from which, in slow, measured steps, inebriety and its evils can be reached, cured and prevented."

We do not pretend to understand the above, particularly that wonderful last paragraph. Like the Scotch woman in the story, we "Wad na ha'e the presumption." The *Journal of Inebriety* seems to forget that intemperance as it exists in this country *was* a subject of study—"scientific study" too—long before medical men began to give it much special consideration. Indeed it can be said with absolute truth, that medicine, as a science, has had nothing whatever to do with the investigation of the causes of ninety per cent. of our drunkenness.

And yet, by almost everybody, medical and lay, the influences and agencies which induce the alcohol habit, are thoroughly well understood. And vast as is the influence of the medical profession, it will never be able to convert the masses of our people to any other view of the subject than the one they now hold; namely, that the cause of at least ninety per cent. of our wide-spread and prevalent intemperance consists in the pernicious educational influences that are thrown around our people by the false teachings of our schools, our pulpits, our newspapers, our medical journals, our physicians, our social customs, and—most shameful thing of all—our laws. Let these conscious and unconscious educators of our youth and our manhood be once set right and kept right and it will soon be seen whether we are correct in attributing any part—even the smallest—of our



drunkenness, to the influence of "nerve-strain," and "our high-pressure civilization"!

High-pressure fiddlesticks! Who does not know that the lazy, worthless dolt, the savage Indian of our western frontiers, and the black barbarian of Central Africa yield just as quickly and certainly to the seductions of alcohol, as do the students, the professional men and the business men of our highest civilization? The *Journal* forgets that it has just asserted "that alcohol has been used in *all* ages, and by *all* peoples." How much had "high-pressure civilization" to do with the drunkenness of the ancient tribes of heathendom?

Men do not become drunkards, in the first place, through a morbid appetite, except possibly in extremely rare instances. The "habit" is formed *first*, and its formation in ninety-nine per cent. of the cases is purely voluntary. The "morbid appetite" comes later and is the *result* of the habit, not its cause. We had better abandon the maudlin sentimentality that prompts modern physicians too seek the causes of drunkenness and murder in some physical disease or "defect." If we do not, we shall become ridiculous in the eyes of observant people.

A physical organization absolutely perfect, in the presence of a false education, is no more above the reach of alcoholic temptation than others. Man's tendency to fall into temptations and snares is a part of his normal, *healthful* condition. He "was built that way."

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#### MEMORIAL TO PROFESSOR A. E. SMALL.

The Trustees and Faculty of the Hahnemann Medical College and Hospital of Chicago have issued a most tasteful and appropriate memorial in honor of their late President and colleague, Pro-

fessor Alvan E. Small, M.D. It consists of a brief eulogistic notice of the distinguished physician and the address delivered at the obsequies, by Rev. L. P. Mercer, pastor of the Chicago Society of the New Jerusalem, of which Dr. Small was an honored and useful member. A handsome portrait of Dr. Small graces the Memorial, and the whole work is executed in the highest style of the typographer's art. Considering the qualities of the noble man whose virtues it commemorates, it seems peculiarly fitting and appropriate.

Dr. Geo. E. Shipman, of Chicago, has accepted the charge of disposing of the remnant of the edition of his translation of Grauvogl's famous "Open Letter" to Baron Liebig, in reply to the latter gentleman's illogical assault upon Homeopathy. For the information of our younger physicians, it may be stated that the work is entitled, "The Law of Similarity." It can be procured through any homeopathic pharmacy, and at very small outlay. (See notice on another page.)

The delay in the issue of this number is largely incidental to the change in the ownership and management of the *Journal*. The February number is well under way and will be issued at as early a date as possible.

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#### Notes and Comments.

THE HAHNEMANNIAN MONTHLY wishes you a prosperous '88.

A hard year on the women—it will have fifty-three wash-days.

Chronic skin-disease can never be traced to hereditary syphilis as its cause.—Hutchinson.

Never use the uterine sound during the presence of peri-uterine inflammation.—Fritsch.

Lieberkühn, the distinguished German anatomist, died recently at the age of seventy-five.

Dr. C. Carleton Smith thinks croup is aggravated by oranges. He always forbids their use.

Hay fever is said to be one hundred per cent. more prevalent in England than in any other European country.

"Don't commence the treatment of any chronic disease during the exacerbations."—J. T. Kent, M. D., in *Hom. Phys.*

The volume of Institute Transactions for 1887 contains fifty-eight papers; that of the Pennsylvania State Society, fifty papers.

If you want an evening of real enjoyment, buy Burnett's little book on "Diseases of the Spleen." (See Review in this number).

Dr. Neklewitsch, a Poland physician, died recently, at the age of 109 years. He prescribed for a patient only a few minutes previously.

The disinfecting solution of chloride of lime should be six ounces to the gallon of water, instead of four ounces, as heretofore recommended.

The heredity of mammary cancer is not confirmed by the analysis of 207 cases reported by Dr. S. W. Gross, in the *Philadelphia Medical News*.

"Sound blindness" is now charged with the difficulty which certain persons meet with in the pronunciation of foreign languages.

"Physiological," as a term applied to the properties or effects of a drug, is objected to by Dr. C. Wesselhøft, who prefers the word "toxic" as more accurate.

The New York Homœopathic Medical College has decided to discontinue the time-honored wasting of the time of the student in the preparation of a "Thesis."

Iodoform odor may be removed from the hands, it is said, by a vigorous soaping, followed by washing in water, to which is added tincture of iris—blue or white *flag*.

So far as quarantine methods are concerned, New Orleans is the best-protected port on the United States seaboard. For this we may thank Dr. Joseph Holt, the alert and progressive head of the Health Department.

Nitrous oxide anaesthesia has been induced by Dr. J. D. Thomas, of the Colton Dental Association, 912 Walnut street, Philadelphia, in 151,500 people, without a single fatality. He administers it for the extraction of teeth, and for operations in minor surgery.

"The Dead Failure; Limited," is the name of a medical journal proposed to be established by a doughty Scotchman. It is to have nothing to do with cures and recoveries, but only with therapeutic failures, and disappointments and deaths, with a view to discover their causes. There is no doubt whatever that it will be intensely "regular."

"Alcohol can be of no benefit to the system, for if it is found as such, untransformed in the organs or excreted unchanged, it cannot supply any want; simply passing through the system; and if it is burnt up it must interfere with the oxidation of other substances, such as fat, etc., which under ordinary circumstances would, through combustion, disappear."—Chapman's *Physiology*, p. 95; Philadelphia, 1887.

Of twenty-five women of intelligence and culture, examined by Dr. Louise Fiske-Bryson, those who acknowledged the possession of sexual instinct, gave an average age of twenty-seven as the period of its first development. "If this late consciousness is accompanied by equally late perfection of structure it follows that very early marriages and maternity among all educated women is an outrage against nature."—N. Y. *Medical Journal*.

Nocturnal enuresis is believed by Mrs. Dr. B. F. Reynolds, of Chicago, to be often due to laziness. After the usual remedies fail, she frequently "cures" the cases, in a charitable institution with which she is connected, by the administration of a good round scolding, a threat, or by a systematic dragging of the offender from bed at all hours of the night, until the habit is broken up. There is little doubt that this treatment—old-fashioned as it is—is all that is required in the great majority of cases. There are some cases, however, which require medical measures.

A correspondent of the *Southern California Practitioner*, (allopathic), speaking of the International Medical Congress, says in reference to the section



on General Medicine, that "Dr. Ege, a dapper little homœopath, stole a march on this section. He offered a volunteer paper on the 'Treatment of Tuberculosis by the Inhalation of Mixed Bacteria.' The section, without knowing anything of his antecedents, allowed him the floor, but his peculiar tenets were soon made manifest on reading his paper, and an early adjournment was taken." The scene must have reminded the homœopaths who were present, of certain Scripture passages: "The wicked flee when no man pursueth;" "How should one chase a thousand, and two put ten thousand to flight, except their rock had sold them?" etc.

## New Publications.

RIMEDI INDIVIDUALIZZATI, per Sintomi e Malattie ovvero Grande Repertorio Clinico Omiopatico. Del Dottor Tommaso Cigliano. Napoli. Tipografia Lanciano e d'Ordia. Cortile S. Sebastiano, 51, 1887.

Our distinguished Italian *confrere* has herein presented us with an octavo of 964 double column pages, on the subject of highest importance to the homœopathic prescriber, the individualization of the remedy as an aid in treatment.

The work constitutes a Repertory, in which, organs, regions, diseases and symptoms are all considered together, but arranged in alphabetical order, and the remedies holding therapeutic relation to each, are also arranged alphabetically.

The opening chapters of the work treat of the subjects of homœopathic pharmacy, pharmaco-dynamics and pharmacology. The volume is certainly a credit to the author and to the publisher, and seems to herald the dawn of a new era in the progress of homœopathy on the Mediterranean coast.

TREATISE ON HUMAN PHYSIOLOGY, for the use of students and practitioners of medicine. By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, of Philadelphia, etc. Philadelphia: Lea Brothers & Co., octavo; pp. 945. 1887.

Professor Chapman is justly regarded as one of the most successful of our

American teachers in this branch of medical science. His special desire has been to make the work represent his own teachings of the subject, and in so doing he has, we need scarcely say, made it to conform to the latest and best observations in every department of the science.

In the introductory chapter the author deals a quiet but effective blow at the absurd, but too prevalent notion, that medicine as a science, owes little or nothing to experimental researches in physiology. He takes up some of the main objections to vivisection, and shows that they have little weight as against the facts of physiological history.

The arrangement of the work is excellent—a very important desideratum in a college text-book. Instead of beginning with the blood and its circulation, as too many authors do, the physical and chemical structure of the body is first considered, and next the material—food—out of which, additions must be made to the animal body. Following not only in logical but also in physiological order, the whole process of assimilation of food is carefully studied so far, at least, as it is carried on in the digestive tract. Circulation and respiration come next in order. Calorification and mechanical energy complete this part of the work. The chapters on the circulation and respiration are very full and very readable, and will present a strong temptation to many physicians, grown rusty during years of absence from lecture-halls, to "polish up" in this fascinating subject.

One hundred pages are devoted to the study of the nervous system, and this not too much, when we consider the vast importance of the nerve-function in its relation to modern pathology. The Special Senses and Reproduction occupy a similar space and for equally substantial reasons.

The illustrations are abundant and well selected, as well as admirably executed. The work will speedily commend itself to professional favor, and will be a welcome addition to the student's select library.

THE HOMŒOPATHIC LAW OF SIMILARITY.

An open letter to Professor Justus Baron Von Liebig, by Dr. Von Grauvogl. Translated from the German,

by George E. Shipman, M. D. Chicago: Foundlings' Home Print. 1879.

That an observer may be blinded, a scientist unscientific, and a logician illogical, was never more clearly demonstrated, or more aptly illustrated, than when Liebig, in his *Chemical Letters*, wrote that famous paragraph replete with misstatements and absurdities, which called out from Grauvogl the magnificent argument contained in this little 80-page pamphlet, and in which the author went far towards his avowed intention "to strip of its claim the most sensitive side of our adversaries; i. e., their high opinion of themselves."

Grauvogl's answer to Liebig, having been before the English speaking profession, through Dr. Shipman's translation, since 1879, is more or less familiar to many physicians, and the arguments presented in it, have been served up in various essays, lectures, etc. But now that the work is again brought prominently forward by the translator, it would be a wise thing for our younger physicians and students to possess themselves, each, of a copy of what remains of the edition. Dr. Shipman has it on sale.

#### DISEASES OF THE SPLEEN AND THEIR REMEDIES CLINICALLY ILLUSTRATED.

By J. Compton Burnett, M. D., London: James Epps & Co., 170 Piccadilly, and 48 Threadneedle street. 1887. 12mo. pp. 130.

A most readable little book. Dr. Burnett, indeed, is always readable. Here he presents his views in reference to "Organopathy," and the history of that term, pointing out that as a *pathological* term it has long been in use, but that as applied to *drug therapeutics* "it was copied from Rademacher without a single word of acknowledgment. But the real father of organopathy in essence and substance is Hohenheim (Paracelsus), for proof of which see his works."

Dr. Burnett holds, not that organopathy is homœopathy, but that "it is included in the wider generalization known as homœopathy;" or, as he says elsewhere in the book, it "is largely of the nature of elementary homœopathy—is, in fact, specificity of seat;" but he insists that the completed domain and sphere of homœopathy embraces also specificity of effects; "the nosological

organopathy and the therapeutic organopathy must be and are *similar*."

And so he observes, and studies, and treats diseases of the spleen largely from the organopathic point of view. But if any one supposes that he permits this method either to narrow his observations of the symptoms, or to limit him in the selection of the remedy, an examination of the book will undeceive him. Rather does it seem that his view of his case is broadened by it. His clinical reports are well told, and in the highest degree instructive.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-third Annual Session, 1887. Philadelphia: Sherman & Co., Printers, 1887. Octavo, pp. 370.

This annual visitor comes to us this year with just fifty "papers" included between its cloth covers. Several of these are reprinted in this issue of *THE HAHNEMANNIAN*; others are appearing in the *N. A. Journal of Homœopathy*, and in the *Advance*. Two among the most valuable papers are the *Repertories of "Urinary Syptoms" and of "Heart Syptoms,"* found in Hering's *Condensed Materia Medica*. It is a pity the Society did not order a reprint of these two papers for desk-use by the members. Their authors, we forgot to say, are Drs. Theodore J. Gramm and E. R. Snader. These are the beginnings of a work which next year is to be extended to "Mind," "Sensorial," "Cough," "Nervous," "Throat," "Eye" and "Skin" symptoms, the work being even now under way, in the hands of some of the specialists of the Society. Most of the papers are of a high order of merit, and the Annual Address of the President, Dr. A. R. Thomas, will repay a careful perusal by those who feel interested in our status and progress as a profession. The work of running the volume through the press was under the charge of Dr. Clarence Bartlett, the efficient corresponding secretary.

TRANSACTIONS OF THE FORTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, (*Forty-fourth Anniversary*), held at Saratoga Springs, N. Y., June 27, 28, 29, 30 and July 1, 1887. Edited by the General Secretary, J. C. Burgher, M.D. Pittsburg: Printed by



Stevenson & Foster, 1887. Octavo pp. 889.

Secretary Burgher brought out this volume of transactions with commendable promptness and in handsome style. Our readers are already informed respecting the work done at the last Institute meeting, but those who were not present at the session and have not examined the volume, have no idea of the large amount of valuable work represented in it.

Two things may be set down—or set up—as certainties relating to this volume of Institute reports; *first*, that the essays are, at least somewhat better *as the rule*, than in preceding volumes, and *second*, that the discussions are a great deal better. There is, in the case of the latter, an almost irresistible tendency to attribute it to the influence and the advantages of the “Sectional” meetings held by the Society during its last session. A critical review of the fifty-eight papers is, of course, out of the question here, nor is it necessary. Their varying characters, and the multitude of subjects considered by them are sufficiently understood. The Report on Organization, Registration and Statistics presents some most encouraging features, as showing the growth and increasing influence of the modern school of therapeutics, and particularly as indicating the improvement in our colleges and hospitals.

**HEALTH LESSONS; A PRIMARY BOOK.**  
By Jerome Walker, M. D., Lecturer on Hygiene at the Long Island College Hospital. 1887. New York: D. Appleton & Co. pp. 189.

This little book teaches Hygiene and Physiology in a manner interesting to even the youngest children, and the text is rendered still more attractive by the many excellent illustrations. At the end of each chapter a list of questions and answers serve as a complete review of the various subjects discussed therein. The appendix gives some simple instructions regarding means to be employed in cases of accidents, injuries and poisoning.

**OPERATIVE SURGERY ON THE CADAVER.**  
By Jasper Jewett Garmany, A. M., M. D., F. R. C. S., Attending Surgeon to Out-Door Poor Dispensary of Belle-

vue Hospital, etc. 1887. New York: D. Appleton & Co. pp. 150.

This little work will prove of value to the student on account of the brevity and completeness of its contents. The first chapters give the methods of using specula, catheters, sounds, bougies, drainage, sutures, etc. Then follow the descriptions of the various manipulative procedures of the ordinary surgical operations given concisely and clearly.

**THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN.** By W. H. Byford, A. M., M. D., Professor of Gynecology in Rush Medical College, and of Obstetrics in the Woman's Medical College; Surgeon to the Woman's Hospital of Chicago; Ex-President of the American Gynecological Society; ex-Vice-President of the American Medical Association, etc., and Henry T. Byford, M. D., Surgeon to the Woman's Hospital of Chicago, etc. Fourth edition. Revised, re-written and very much enlarged, with 306 illustrations. 1888. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. pp. 820.

The recent numerous advances in gynecology have necessitated the revision and enlargement of this work. The changes have comprised the subjects of Anatomy, Physiology, Examination, Displacements of the Uterus, Affections of the Ovaries and Fallopian Tubes, etc.

In examining the book, the attention is particularly attracted by the chapter on “Lacerations of the Perineum and Pelvic Floor,” in which 23 varieties of tears are represented in diagram and described.

The illustrations are very numerous and excellent, the typography and binding of the book are also very good.

**OVARIAN TUMORS AND REMARKS ON ABDOMINAL SURGERY,** with the result of fifty cases, by Edward Borch, A. M., M. D., Professor of Surgery, etc., St. Louis, Mo.: 1887. pp. 22.

This pamphlet is a reprint from lectures published by request of the author's professional friends, and appearing in the *Cincinnati Obstetric Gazette* in 1883. The first lecture being

on diagnosis; the second on his method of operating; and the third, a paper presented to the Mississippi Valley Medical Society, being the result of fifty cases of abdominal surgery. In these fifty cases occurring between March, 1878, and May, 1884, only five proved fatal. Among these fifty cases were eight simple cysts, two of the broad ligaments, one ovarian cyst with cancer, one ovarian cyst with removal of uterus, one cystic degeneration of ovary, six fibro-cystic tumors, thirty-one oligo and polycyst, all being in his private practice. He holds that the average life of a patient with ovarian tumor is four years. Polycysts cause death in twelve months, and oligo-cysts in the third stage prove fatal in twenty-four months. These are the averages, and he concludes from his own experience that those operated upon in the last stage die. That those who are operated on early usually recover. He admits that he picks his cases, and advises where fibrous tumors occur at about 43 or 45, for the patient to wait, for after the climacteric period, she has a chance to recover. Her distress will cease at least, and the growth will cease increasing, even if it does not shrink. The lectures were delivered to classes of practitioners.

B. W. J.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. 12 vols., price, \$16.50.

*Volume V*, containing: Gynecological Diagnosis; General Gynecological Therapeutics. By R. Chrobak, M. D., Professor of Gynecology at the University of Vienna; and Electricity in Gynecology and Obstetrics, by Egbert H. Grandin, M.D., Obstetric Surgeon to the N. Y. Maternity Hospital. With one hundred and sixty fine wood engravings.

*Volume VIII*, containing: Diseases of the Ovaries. By Dr. A. Olshausen, Professor of Obstetrics and Gynecology at the University of Halle. Thirty-six fine wood-engravings.

*Volume IX*, DISEASES OF THE FEMALE MAMMARY GLANDS. By Th. Billroth, M.D., of Vienna; and NEW GROWTHS OF THE UTERUS, by A. Gusserow, M. D., of Berlin. Illustrated.

*Volume XI*, containing Sterility; Developmental Anomalies of the Uterus, by P. Muller, M.D., Professor of Obstetrics and Gynecology at

the University of Berne; and, THE MENOPAUSE, by E. Börner, M.D., Professor of Obstetrics and Gynecology at the University of Graz. With fifty nine fine wood-engravings.

*Volume XII*, containing: Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extra-Uterine Pregnancy. By L. Bandl, M.D., Professor of Obstetrics and Gynecology at the University of Prague; and, Diseases of the External Female Genitals; Lacerations of the Perineum. By P. Zweifel, M.D., of Erlangen. With one chromo-lithograph and eighty-eight fine wood-engravings. New York: William Wood & Company.

These five volumes complete the Cyclopædia which Messrs. Wm. Wood & Company published during 1887.

The first four volumes of the series were devoted to Obstetrics; the other eight to Gynecology. These works comprise the writings of various eminent European obstetricians and gynecologists, which have been translated and edited by Dr. E. H. Grandin, of New York, and form a valuable library on the subjects of which they treat.

*Volume V*, the first on Gynecology, considers "Gynecological Diagnosis" and the various means of examination employed, as inspection, palpation, percussion, mensuration and auscultation of the abdomen; examination by finger, sound and speculum, etc. In diagnosis the authors claim that the rule should be: "Feel for yourself, see for yourself, think for yourself and for yourself alone."

This volume also contains a treatise on "Electricity in Gynecologist and Obstetrics," by the Editor, in which he states: "Every gynecologist must learn how to use the agent in accordance with the developing methods of the present, if he would not be left far behind in the race for successful results."

*Volume VIII* treats only of "Diseases of the Ovaries." The author suggests that castration has been considerably underestimated in Germany as it has been overestimated elsewhere.

*Volume IX* begins with a treatise on "Diseases of the Mammary Glands," by Prof. Billroth, the greater part of which is devoted to tumors of those glands. The second part of this volume treats



of "New Growths of the Uterus," in which is stated that uterine fibroids do not recur after removal.

In *Volume XI* we find an interesting treatise on the "Menopause." Here we read that "with the exception of the puerperium this period is the most favorable time for the spontaneous cure of fibroids."

*Volume XII* comprises diseases of all of the tubes, ligaments, perineum, external genitals, pelvic peritoneum and cellular tissue. The Cyclopaedia is a modern requisite to a good library.

B. W. J.

## Gleanings.

### The Carbolic Acid Treatment of Piles.

Dr. Francis L. Haynes, of Los Angeles, Cal., writes to the *Southern California Practitioner*, detailing a considerable number of cases of piles treated by the carbolic acid injection method. He sums up his observations as follows:

1. Five minims, or less, of a solution containing five per cent. each of pure crystallized carbolic acid and glycerine in distilled water, is injected into the softest portion of a pile. The solution should be fresh and colorless; when stale and yellow its use is attended by great pain and inflammation.

2. The injection is made at a point as near the centre of the pile as possible. The needle used should be fine and sharp, and both it and the syringe perfectly clean.

3. The injection causes pain, not generally very severe, and soreness, due to slight inflammation. If more than one injection is made at one sitting, if the solution is stale or is stronger than that given, or if more than five minims are used, undue inflammation and perhaps sloughing ensue.

4. As soon as the mild inflammation due to an injection disappears, but not before, and under no circumstances more frequently than at intervals of ten days, the procedure may be repeated. Slight cases may be cured by from one to four injections; severe cases may require as many as thirty.

5. If the case does not improve, increase the interval between the injections.

6. Do not attempt to cure hard, semi-cutaneous piles by this method; the distension of almost inextensible tissue is excessively painful.

7. All uncomplicated cases of internal hemorrhoids may be properly treated in this way. Cases of moderate prolapse, secondary to piles, are also thus curable. Hemorrhoids unattended with great dilatation of the bloodvessels (capillary piles), are frequently cured very rapidly. As may be inferred from the above remarks, the remedy acts by obliterating the blood-vessels of the tumor through a slow subacute inflammation.

### Delivery of the After-Coming Head.

In a recent discussion of this subject by the Philadelphia Obstetrical Society (allopathic), Dr. Wm. Goodell deprecated the common mistake of trying to secure flexion of the head in breech deliveries. "The fingers in the foetal mouth are useless," he said, "and there is danger of breaking the jaw. The forceps is the only proper aid in the expulsion of the after-coming head. The body of the child should be held away so that the forceps can be applied to the sides of the head, the handles being on the anterior aspect of the child's body." Dr. Longaker also directed that the accoucheur should "flex the body of the child towards the dorsum, and the handles of the forceps should be on its anterior aspect."—*Medical News*.

[We recently attended a case in which we utterly failed to apply the forceps as thus directed, though persistent efforts were made. Finally the child's body was placed prone between the extended thighs of the mother, and the forceps were introduced—but not locked—with the handles on the posterior aspect of the child. Then the handles were as widely separated as circumstances permitted, the child's body passed between them and "flexed towards the dorsum" as usual, the blades locked, and the head delivered. Fifteen minutes had been consumed in these efforts, and although the foetal heart was yet irregularly pulsating, no effort we could make succeeded in establishing respiration. Had we resorted to the above method of applying the forceps at first, there is little doubt that the result would have been different.—Ed. H. M.]

### A New Method for the Volumetric Estimation of Urea.

This method is based upon the decomposing action exercised by nitrous acid upon urea to form carbonic anhydride, nitrogen gas, and water. In a glass flask of about 200 cc. capacity, place 20 cc. of a ten per cent. solution of nitrite of potassium, then 2 cc. of the urine or of the liquid containing the urea, then 2 cc. of a five per cent. solution of sulphuric acid. After the addition of the acid through the safety tube, conduct the evolved gases through the other tube alongside, descending into a flask containing 110 cc. of lime water. Warm very slightly the urea-containing flask, so that the reaction takes at least fifteen minutes time. When the connecting tube becomes warm from hot aqueous vapor, the operation is at an end and the lime solution should be removed at once. Now measure 10 cc. of this liquid, turbid with its suspended calcium carbonate, and color rose-violet with a drop of an alcoholic solution of phenol-phthaleine, and first determine the number of cc. of a solution of oxalic acid, containing 3.15 gm. to the litre, that are needed to neutralize the 10 cc. of the liquid. Then multiply the volume of the oxalic acid solution used by 0.0165 and subtract the product from the number 0.15; the difference indicates the amount of urea in the 2 cc. of urine or the urea-containing liquid examined.—*American Journal of Pharmacy*, October, 1887.

### Three Cases of Angina Pectoris Treated with Iodide of Sodium.

CASE 1.—Mrs. ———, æt 71 years, subject to terrible attacks of angina pectoris; moderate bronchitis affecting the larger bronchial tubes, old pleuritic adhesions, enlarged heart transversely, insufficiency of the mitral and aortic valves, pulse moderately full, at times irregular; atheroma; slight enlargement of the liver. She was given a solution of sodium iodide, taking about  $3\frac{1}{2}$  grains of the drug thrice daily. She frequently had as many as four attacks of angina in a single day. After taking the drug for six months there is no indication of a return, although the organic cardiac complication still remains.

CASE 2.—Mrs. ———, æt 48 years, suffers from migraine, fibroid phthisis,

an hypertrophied liver, a floating right kidney, and croupous nephritis, and has had repeated attacks of pelvic peritonitis. She also has insufficiency of the mitral valve, with transverse hypertrophy. First attack of angina pectoris one year ago, while in a street-car; was prostrated for four days; after that had seven well-marked attacks. She takes iodide of sodium, 8 grains, three doses daily. Her attacks of angina do not recur, and her other symptoms have materially improved.

CASE 3.—Miss A——, æt 49, of neurotic family, rheumatic history; suffers from a large pyo-salpinx, croupous nephritis and insufficiency, and stenosis of the mitral valve. Under the iodide of sodium her attacks of angina, which were severe, long and frequent, have disappeared.—Dr. J. M. Schley, in the *N. A. Journ. of Hom.*, October, 1887.

### Osteoplaques of the Thigh.

Dr. R. Abbe presented to the New York Surgical Society a patient sixty years of age, showing two large bony plates above the left knee, occupying the site of the lower halves of the vastus externus and vastus internus muscles. The internal one measured six and a half by four inches, and had an estimated thickness of one inch. They were freely movable. They represented an amalgamation of numerous bony nodules in the muscle observed as long as forty years ago.—*N. Y. Medical Journal*, Nov. 12, 1887.

### Cotton Grafting.

Dr. Perl, of Houston, Texas, recommends absorbent cotton as far preferable to sponge for grafting purposes. He describes a case in which he employed this substance. He used a piece of absorbent cotton, the exact size and thickness of the ulcer, and saturated with a solution of corrosive sublimate, 2:1000. The surplus liquid was expressed, and the cotton smoothly adapted to the surface of the ulcer and held in its place by strips of adhesive plaster, over which a layer of borated cotton was spread. This was covered with antiseptic gauze, and the whole surface was then closed with strips of rubber plaster, making as tight a covering as possible. The graft adhered in four days' time, and in two weeks the ulcer had healed.—*Journ. of the Amer. Med. Ass'n*, Nov. 12, 1887.



### The Absorption Power of the Stomach as a Means of Differential Diagnosis.

P. Zweifel used iodide of potassium, which was detected in the saliva, and in a few cases in the urine. The method was applied to twenty-one persons, and it was found that when the salt was administered on an empty stomach, it was detected in the saliva in eight minutes. This period did not vary in healthy individuals on different days. It was also found that the period was much lengthened when the salt was given on a full stomach, and that great variations occurred in this respect on different days. In nearly every form of gastric disease the author found the period to be lengthened, most in dilatation and cancer of the stomach, and least in chronic gastric catarrh. In gastric ulcer, with extensive recent changes in the mucous membrane, absorption is very much delayed. In cancer of the cardiac end, the condition is considerably shorter than in cancer of the pylorus. If the period of absorption, fasting, extends to twenty minutes, then dilatation or cancer of the stomach, or both may be diagnosed. A differential diagnosis between cancer and ulcer of the stomach cannot, according to the author, be made by the absorption test.—*N. Y. Medical Journal*, November 19, 1887.

### Diagnosis of Defective Sight in Infants.

Nettleship, in a clinical lecture printed in the *London Ophthalmic Hospital Reports*, Vol. XI, Part IV, speaks as follows on this point: "It will be self-evident that no exact tests of vision can be applied, and that an infant's sight may easily seem worse than it is. The chief things to notice are whether the child turns its eyes towards the window, or follows the flash of the mirror in the dark room, or—what comes to the same thing—turns its head away or blinks its lids under the tests, the presence or absence of nystagmus and the state of the pupils. No doubt all babies do not learn to notice—*i. e.*, follow and look at objects, at the same age. I believe that they usually look at a bright light thrown steadily into the eyes a day or so after birth, but that from three to six weeks' education is necessary to enable them to follow a moving

object in such a way as to give the appearance of intelligence or "noticing"—and it is failure to "notice" that raises the mother's apprehension, especially if she has had other children whose behavior was different. If the infant's eyes oscillate rhythmically, or even wander constantly though irregularly, its sight is almost certainly bad, for we know very little of primary nystagmus from nervous disease in infants. The pupils are less useful in babies than in adults, because the movements of the infant's eyes at once embarrass observation, and lead to associated movements of the pupils independently of alteration in light, and because the natural range of pupillary action in infants seems to be less than it is when the eye has attained full development. Though I need hardly add that in infants, as in adults, serious loss of acuteness of vision is compatible with fairly active pupils, I think it is less generally known that, in children at any rate, the light reflex may be present even though the child be absolutely unconscious of light. In examining the pupils of a baby, avoid touching the face or head, and so provoking movements of the head or eyelids."—*Medical News*, October 29, 1887.

### What Tobacco Is Made Of.

We have heard the tobacco user claim that the weed was food and drink to him until a British Parliamentary report on adulteration set forth the following schedule: "Sugar, alum, lime, flour or meal, rhubarb leaves, saltpetre, fuller's earth, starch, malt commings, chromate of lead, peat, moss, molasses, burdock leaves, red dye, composed of vegetable red, licorice, scraps of newspaper, cinnamon stick, cabbage leaves and straw-brown paper." This is convincing. Not only is it food and drink, but it is also house and land, paint shop and literature, with drugs, condiment and chemicals thrown in *liberally*. Verily, tobacco is potent but a little diffusive.—*Boston Transcript*.

### Dr. N. S. Davis on Alcohol.

Mr. Edwin Higgins, President of the Maryland State Temperance Alliance, recently addressed an inquiry to Dr. N. S. Davis in regard to a newspaper report. Dr. Davis presided over the recent International Medical Congress at

Washington. He sent the following letter:

"EDWIN HIGGINS, ESQ.—*Dear Sir:* Your letter of 16th inst. is received. What I did say at the 'Temperance Breakfast,' in Brighton, England, August, 1886, was that I had practiced medicine continuously 50 years, and that during the last 40 years I had not prescribed or directed for internal use enough of any kind of fermented and distilled drinks to fill a pint cup. The fact is, it is many years since I altogether abandoned the use of all forms of alcoholic drink in the treatment of disease, and with positive benefit to my patients. In regard to substitutes for family use in emergencies, spirits camphor, aromatic spirits of ammonia, tea, coffee, are almost always at hand, and are more efficient for all proper purposes for which alcoholic liquors are usually resorted to in families.

"Yours truly,

"N. S. DAVIS.

#### Will Germicides Cure Gonorrhœa?

There are few things about which allopathic writers exhibit more discord than the local treatment of infectious urethritis. Dr. H. W. Rand, in the *N. Y. Medical Journal*, December 3, 1887, complains that nearly or quite all the so-called and much vaunted "speedy cures," fail ignominiously in most cases when tried by any one save those who so highly recommend them. Speaking of the use of the mercuric chloride injection, he says:

"I have tried this treatment in upwards of thirty cases with varying results. When the solution of 1 in 20,000, and upwards, as the patient could tolerate it, was resorted to, with the same restrictions that should govern the use of any injection, it seemed to be productive of good in all cases, and in some appeared to act better than any other remedy. Weaker solutions than 1 in 20,000 have not been proved to be destructive to the gonococcus, and should not, therefore, be relied on if there is any truth in the assertion that the value of the bichloride in such cases depends upon its action as a germicide. And yet from the reported cures with this drug, it would appear that solutions of 1 in 40,000, and even 1 in 60,000, were about as effective as the stronger preparations."

From this statement it would appear that the curative action of the bichloride of mercury in gonorrhœa is not due to its germicidal property. Is it not far more probable that most of the cures ascribed to it have been wrought through a property of which our allopathic brethren are ignorant—its power to produce similar symptoms in healthy persons?

#### Ventilation of Hospital Beds.

The *Lancet* has the following description of the mode of ventilating the beds of the Cambridge (Mass.) Hospital, which is said to be very efficient:

"Beneath each bed is a ventilating tube of about eight inches diameter, leading through the floor to a foul air trunk, which in turn communicates with the main ventilating chimney. About 2000 cubic feet of air per hour is thus drawn from beneath each bed. This ventilating tube is connected with the bed above by a four-inch pipe of tinned plate, with a proper cover and joints, which passes around the side or foot of the bed and into it beneath the clothing. This pipe is lengthened with one of the same size, of pasteboard or other substance, a non-conductor of heat, reaching to any part of the bed. By this simple means, foul air is removed as fast as formed, the bed kept free from odor, and the patient's body is no longer surrounded with contaminating gases. As the air presses inwards through the porous bed-clothing, none escapes into the room. Further, a two-inch flexible pipe is adjusted to that just described, and slipped over the hollow handle of the bed-pan when in use, carrying off odor from that also. Similar means connect the beds in the private wards with the chimney of an ordinary fire-place, up which the pipe reaches about four feet, to insure a good draft with a moderate fire; the part in the chimney being of black iron. The advantages of such an arrangement in cases of sloughs, foul ulcers, cancers, and in fevers with frequent fecal dejections, are obvious. It might be supposed that the passage of air through the bed would cool it too much. Practically it does not; probably the quantity of air passing, is about the same as in beds ordinarily at the same temperature of the room, but in a different direction.



### An Undescribed Arterial Murmur.

Dr. H. H. Seelye describes a murmur which he has discovered in a large number of apparently healthy young men, appearing only after severe exercise. This murmur is found under the outer half of the left clavicle, and from an inch to an inch and a half below it: a loud, rough, and blowing murmur, as a rule localized to within an inch or two of this place. This sound would be nearly synchronous with the systole of the heart, or possibly an almost imperceptible interval after the closure of the aortic valve. Over the heart, the first and second sounds would be clear and normal. Over the corresponding region, under the right clavicle, the same bruit would be heard, but usually more feebly, and sometimes not at all. A similar souffle would generally be found over each carotid artery and also at a level with the lower part of the thyroid cartilage. These sounds are not altered by position. They are especially to be met with in thin, flat and narrow-chested subjects. The author believes these murmurs to be due to greater or less compression on certain portions of the larger arteries, causing a variation at these points in the size of the blood-current. —*Medical Record*, November 5, 1887.

## News, Etc.

**PERSONAL ITEMS.**—Dr. Dewey has removed his office to 834 Sutter street, San Francisco, Cal.

Dr. Charles A. Brown, of 130 East Thirty-fifth street, New York, has removed to 1312 Connecticut avenue, Washington, D. C.

Dr. Edward R. Snader has removed from 121 N. Eleventh street to 140 N. Twentieth street, Philadelphia.

Dr. L. Willard Reading, formerly of Hatboro, Pa., has removed to 1519 Arch street, the former residence of Professor Gause.

Dr. J. D. Tyrrell, of Toronto, Canada, lost by death recently, both wife and mother within a period of four weeks.

Dr. F. S. Bradford has found it necessary on account of his health to relinquish his practice in New York city, and has located in Morristown, New Jersey. He will give special attention

to lung and heart diseases, also to neuralgic and rheumatic affections—diseases upon which he lectured for many years in the New York Homœopathic College. We hope to hear of a favorable change in the doctor's health, as a result of his change of residence.

THE MEDICAL INVESTIGATOR is the title of a Temperance Medical Journal about to be started in St. Louis, Mo. Our Chicago contemporary will doubtless object to this bold attempt to filch from it its good name.

**INCREASE OF LEPROSY.**—It is asserted that this disease is rapidly increasing in prevalence in various parts of the world. "Since the extension of the French colonial possessions," says Bésnier, "soldiers, sailors, traders and missionaries have fallen victims to it in large numbers."

**IMPROVEMENT IN CHILDREN'S GARMENTS.**—The following is commended to the earnest attention of our readers. The author of the circular is the wife of one of Philadelphia's venerable and esteemed homœopathic physicians, now disabled by the infirmities of age. We learn from physicians who have examined the new garment, designed by Mrs. Toothaker, that it possesses much merit and may be safely recommended.—ED. H. M.:

"PHILADELPHIA, Jan. 1, 1888.

"DEAR DOCTOR:—I wish to call your attention to a new style of Infant Garments, which have the following advantages: the garment being made of flannel and covering the entire body of the child; the weight of the clothes comes, not across the stomach and back, but the garment being in one piece from the shoulders down, there can be no strain, but perfect freedom of action in all parts, and, as the child is protected from every change of weather, the customary shawl is unnecessary and should not be used. The garments can be examined at 1730 Wylie street, where the patterns can be had or the garments made to order. I ask you to consider with care the merits of these garments, and, if you are convinced of their healthfulness, will you recommend them to your patients?

"Respectfully,

"MRS. DR. TOOTHAKER,

"1730 Wylie street."

# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF

HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

PEMBERTON DUDLEY, M. D., EDITOR AND PUBLISHER.

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The Editor is responsible for the maintenance of the dignity and courtesy of the Journal, but *not* for the opinions expressed by contributors.

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## Original Contributions.

### OBSTETRIC MATERIA MEDICA.

BY CLARENCE M. CONANT, M.D., ORANGE, N. J.

It is held by many physicians that but few of the multitudes of drugs which crowd the materia medica, possess any indisputably positive therapeutic power. Nor is this view entertained alone by allopaths, whose habitual, erratic empiricism naturally tends to confused and erroneous notions as to drug action, but not a few among our own ranks have been so often and bitterly disappointed in the action, or rather inaction of drugs, apparently carefully chosen and well suited to achieve the desired result, that they cry out in incredulous despair, "The materia medica is a fraud."

I will not take time or tax your patience by a discussion at this season, as to whether this skepticism is entirely justifiable by the facts, nor of the causes upon which it rests, but seek rather to add a slight and humble contribution to the stock of positive knowledge by a statement of my personal experience with drugs in obstetric practice; and in doing so I shall hope *not* to excite any acrimonious discussion of the vexed potency question, but rather that our colleagues will frankly, and kindly give us the benefit, each of his own practice, viewed simply as a collection of events—facts, in short.



Without further preliminary then, I shall enumerate under each drug, only such symptoms as we have seen disappear after its administration, in such time and manner as left no doubt in my judgment, that the exhibition of the drug and the disappearance of the symptoms stand related to each other as cause and effect; and I shall make such suggestions as to dose as my experience leads me to believe to be noteworthy.

*Aconitum nap.* will remove the insomnia of pregnancy when it be caused by *excessive fear of death*. She tosses about and says, "I know I shall not live through it," in a despairing sort of way. Fainting fits, occurring either during pregnancy or labor, or after the latter, will be arrested by aconite when they are marked by signs of cerebral congestion and palpitation of the heart, or after fright; although for this latter we should also consider opium. I have never seen aconite useful in treating abortion, but can readily believe it might arrest that process when indicated. During labor a dry, tender, undilatable generative tract may call for aconite, especially if the mental condition or fainting be present. The condition of the parts much resembles bell., with the distinction that marked *heat* calls for the latter, and that the mental state is entirely different. The bell. patient has headache, and tends to an irritated excitement instead of towards depression.

When we have spasmodic contraction of the os uteri, and perhaps even rigidity, either acon. or bell. are more frequently indicated than any other drug. Finally, acon. is almost always the similitimum for any abnormality resulting from catching cold. For the mental state I have found 30th, 200th, or higher, often sufficient, but for the contracted os I decidedly prefer the tincture in water.

*Actea racemosa* I often find a helper during pregnancy in women of rheumatic diathesis, or those who have suffered from neuralgia or dysmenorrhœa. Its characteristic fronto,—or post orbito,—occipital headache is well known to you all; and for those neuralgic or rheumatic pains in the abdominal muscles, which torment many women, and often cause a dread of miscarriage, it is often the only similitimum. While for false pains I think it is next to cauloph. For what Dr. Meigs has sagaciously christened uterine rheumatism, it is almost specific. Left-sided chorea, whether associated with pregnancy or not, is often caused by material doses of actea. I believe this drug to be one of our most powerful restrainers of abortion, and have often depended upon it with success. When labor pains are of a severe, tearing nature, and "do not seem to be where they do any good," actea frequently makes them efficient. The os does not dilate

properly. Dr. Marsden taught it was rigid. Dr. Hale (a very acute observer) thinks it not rigid but spasmodically contracted, an opinion I am inclined to think more accurate.

Actea will occasionally check after-pains. To be taken before labor, to facilitate it, actea has no rival, except in cauloph. I think I am correct in saying that the late Dr. E. M. Munger, of Watertown, N. Y., father-in-law of my friend Dr. S. H. Talcott, now Superintendent of the New York State Homœopathic Asylum for the Insane at Middletown, N. Y., was the first to advise the use of actea and cauloph., alternately, a dose of each daily for some weeks before the expected confinement. Certain it is that this treatment became so popular in the section where Dr. Munger lived that women sent fifty or sixty miles to get "Dr. Munger's confinement powders." And I must add my humble judgment, that primiparous labors especially, are shorter and less severe, and less liable to complications when these drugs are so used. I have exhibited mostly the resinoids, nacro-tin and caulophyllin in the 3d x.

I first began this treatment at the solicitation of Dr. Talcott, and after about a year's trial abandoned it, thinking I saw no average gain. But upon review of my cases, and making more careful observations and a new trial, I became convinced that it was a great blessing and helper to the pregnant woman in her hour of need.

*Arnica montana* will almost as surely stop an abortion excited by a fall, blow or physical shock, as water will run down hill, unless indeed, the viability of the ovum or fœtus be destroyed, or its attachments to the uterus broken away. Before giving it, however, which should be in the 30th, or higher, if at all, compare also cinnamon and rhus tox. Perhaps a comparative view of the three will assist us to a choice :

	PAIN.	HEMORRHAGE.	CAUSE.
Arnica.....	Severe.	Slight.	Blow or fall.
Cinn.....	Slight.	Profuse.	Strain in loins, or a mis-step.
Rhus.....	Severe.	Slight.	Lifting or mis-step.

Upon general principles I should expect to find calc. carb., or carbo veg. useful for an abortion caused by overlifting, especially the latter. But I have never seen them indicated, and have been too well served by cinnamon and rhus to experiment with any great confidence.



*Arnica* is certainly among the best of drugs to control after-pains, and after a prolonged trial of potencies as high as cm., I prefer the  $\odot$  in a dose of from  $\frac{1}{4}$  of a drop to 5, repeated every half hour.

*Arsenicum* fills a humble but very important place in my obstetric practice. It is my "therapeutic catheter." If, after labor, a woman does not urinate within four or five hours, six at the outside, she gets arsen. 200 or 1000, and rarely fails to respond promptly. This, especially, if there be no desire or discomfort bred of the retention. Urging will call for caust., hyosc., canth., or nux vom., which I usually prefer in the order named. Of course ars. is useful in gastric and abdominal abnormalities in pregnancy, but of this I have nothing especially to say.

*Asafœtida*, I may astonish you by saying, will, in a high potency, provoke a profuse flow of milk in the new mother, should it be tardy or scanty in its appearance.

*Baptisia tinctoria* I have found to often rapidly cure stomatitis materna, especially in feeble, debilitated women. I use the  $\Delta$  in water, and a lotion of the infusion or fluid extract.

*Belladonna*.—We all of course do not forget bell. in cases of uterine displacement, headache and insomnia. For the latter, *low*, it is often "the thing." She is drowsy, yet sleepless; and if she naps she starts up with shining eyes in a panic of fright. In cases of profuse hot hemorrhage, with backache and headache, and the peculiar uterine tenesmus of bell., it will very often arrest the progress of a miscarriage. I have used the  $\odot$ , 30th and 200th, with equally good results. I think we sometimes tend to run off after one of the notable hemorrhage drugs, like chin., hamam., millef., sabina, or trillium, when bell. is really the simillimum.; don't forget it in threatened abortion with profuse, hot hemorrhage. For an undilating os uteri during labor, bell. is of one our best helpers. Dr. Hale, as is probably well known to you all, insists that what has been for the most part styled rigid os uteri, is more often, indeed, most commonly, spasmodic contraction of the os; while a generally rigid state of the uterine orifice is rare. For usefulness in the former bell. disputes first place with acon. The distinction I have already noted, and simply desire here to again emphasize its value.

*Belladonna* is said to be the first drug of importance in puerperal convulsions. But in the few cases I have treated it has not served me.

It is the simillimum, however, in mastitis, when the inflammation runs in red streaks, like radii, and other symptoms correspond.

*Borax*.—The action of this remedy upon the secretion of milk

beautifully illustrates the necessity of studying and using both high and low potencies. When the milk is scanty, and the breasts aching and painful, with stitches (which tempt us to give bry.), a *very* low trituration will remove the distress and cause a free flow of milk; whereas a too profuse flow, or a vitiated secretion of thick, foul-tasting, easily curdling milk will become normal upon the exhibition of a high potency.

*Bryonia*.—The splitting headache, thirst and aggravation from motion frequently call for this drug in the constipation, hemorrhage, and fainting fits of pregnant or parturient women. In painful post-partum conditions, pains from head to foot and copious perspiration without relief should attract our attention to bry., and it seems almost specific for the miliary rash which sometimes appears during the lying-in period.

In mastitis, when, at the outset, the breast is very hot, stony-hard, and feels heavy and exquisitely sensitive to the touch, bry. should supersede acn. I use it low and locally also, in hot water.

*Caulophyllum* is my first and usually only remedy for false pains, especially where they return every night, and are felt in the sides of the abdomen and down the legs. False pains it will stop. Genuine labor pains coming on tediously and insufficiently it will accelerate and develop, facilitating the labor materially. I prefer the 3 x trit. *Cauloph.* is one of the best checks we have upon the abortive process. Severe pain in the back and sides of the abdomen (probably in and about the broad ligaments), with feeble uterine contraction and scanty flow, seem to be its indicating symptoms, beyond which, I must confess to an empirical and successful use of it in very very many cases. Pains (labor) ceasing, or becoming very feeble from sheer exhaustion, may often be restored by this drug.

Polychrest as it is, I am certain about only one thing of *chamamilla* in obstetrics; in the 200th dilution it will frequently stop after-pains. She is excessively irritable and complains bitterly; she "can't and won't stand it." The lochia is dark, often scanty, and sometimes suppressed.

*Cinchona*. Hemorrhage to syncope, whether during or after abortion, usually calls for china. I have seen a goodly number of women unconscious, pulseless, white, apparently at the last gasp, from excessive and prolonged bleeding, rescued by the use of the tincture of the bark in material doses.

A single note of *carbolic acid*, a drug whose internal use we sadly neglect, the 3x dilution will absolutely cure morning sickness when it



is associated with violent frontal headache ; and exceeding putrescent discharges, with afternoon aggravations and persistent right-sided pains, should always lead us to consider it.

*Cupri arsenitum* is a great cramp remedy. It will sometimes prove a happy compromise between arsenious acid and copper in diarrhoea, and I have seen it relieve cramps in the extremities which the acetic salt failed to control. Dr. Marsden warmly commended it for cramp-like after-pains of great severity. It resembles viburnum as well as the acetate of copper. I have tested duly the 3x trit.

*Cuprum met.* will cure puerperal convulsions, when each spasm is preceded or accompanied by vomiting ; the cramps of copper are not always present, but if so intensify the picture. My reliance is the 30th centesimal.

*Equisitum hyemale* is another drug highly praised by Dr. Marsden. I have seen its tincture relieve large hysterical women of both dysuria and enuresis during pregnancy and the lying-in season.

*Gelsemium* undoubtedly is one of the first drugs of importance, when during pregnancy or labor we detect a perverted kidney action, and tendency to albuminuria. I should say that it is more useful superficially in connecting the manifest affects of the trouble, at whose root such drugs as kalmia or merc. cor. strike more efficiently. For a genuinely rigid as uteri it has almost no rival, except passiflora. For puerperal convulsions with such conditions as above indicated, *i. e.*, stupor, loss of sight, rigid os, vertigo, occipito-frontal, headache and complete muscular prostration I must give it the first place, although many place bell. ahead. I confess to a resolute but continuous use of the tincture in water. The negro women before the war were widely given to the use of cotton root to produce abortion ; and brought the tradition North with them whence it has been much practiced. In a great many of these cases I have found a retained placenta. Acting upon this suggestion as well as Hale's mention of it, I have given a few drops of the fluid extract in cases of retained placenta after miscarriage, with very kind and prompt results.

*Hamamelis* is the drug *par-excellence* for milk leg. There is no fact more certain to me in materia medica than that it will cure safely and quickly the very worst cases if given early and often, internally and locally. I have seen it cure cases of single and double phlegmasia alba dolens, without any supervening ulceration, of such frightful intensity that I should tax your credulity by reciting them ; nor have I found a rival for it in the bleeding of ruptured varicose veins.

*Millefolium* is to be thought of, but its hemorrhage is usually bright

while that of hamam, although terribly profuse, is dark and clots readily. For the treatment of unruptured varices usually carb. veg. or puls. is efficient in a high dilution, reinforced by a deftly and nicely adjusted bandage.

*Hyosciamus*, 200, I have found almost specific for painless diarrhœa of lying-in women. I have never used it in convulsions, but cured one case of puerperal insanity with it. The characteristic symptoms seemed to be dread of being poisoned, violent obstinacy, and desire to go naked; 200th and 1000 were used. A short, hacking cough at night preventing sleep is very characteristic of this drug; but I find a drop or half-drop dose of the tincture every half-hour necessary. If it fails, consider conium, which if given should be in a high dilution.

*Ignatia*, 30th, is a kind friend to the sorrowful, sad, moody, sleepless, pregnant woman. Several of such who did not want any baby, hoped it would die, or she miscarry, etc., found peace and content under its balm.

*Ipecacuanha*. It seems almost unnecessary to repeat the characteristics of this drug: cutting pains in the umbilical region, incessant nausea and bright-red, free bleeding, even to cold, gasping faintness. I have had too good results with the 200th to try any other dilution.

*Kalmia*.—I believe no drug equals *kalmia* for right-sided facial neuralgia, and in albumenurial complications it should certainly be studied.

*Lilium* we all recall as one of the great helpers in delayed recovery after child-bearing or miscarriage, not forgetting helonias and *nux moschata*, *podoph.* and *ustilago*.

*Lycopodium* not too low I have found of service in the constipation of pregnant women, and it will often when administered to the mother, tend to quiet an unduly active, unborn child.

*Opium* is another foetus quieter, and will stop a miscarriage from fright, bring sleep to an insomniac woman where hearing is very acute; and not infrequently help constipation. I have never used it below the 30th, and more often above.

*Petroleum* would often serve us in pregnancy, but usually we pass it by for ipec., *nux.*, or puls. It most resembles the latter. There is indigestion, vomiting and stomachic pain often very severe, and diarrhœa, worse at night and from riding. I have only used the 30th.

*Phytolacca* is my morning medicine. I believe it stands in homœopathic relation to every phase of breast trouble, from simple engorgement to abscess and ulceration. I use the tincture internally, and a lotion of the fluid extract, or the root grated in a poultice, and have had most satisfactory results in a large number of cases. Phosphorous, much



praised as it is, I have never seen do any good. I have used it locally and internally, high and low.

I call mandrake *podophyllum* post-partum, and believe it a most valuable drug in affections of the abdominal and pelvic viscera following child-bearing. For piles and prolapsus ani (post-partum) it simply has no equal, and it will frequently correct uterine deviations, and check a lochia so prolonged as to be justly called a leucorrhœa. Because it is one of the best of our diarrhœa remedies, we should be careful not to forget that it will cure constipation when indicated; but for this latter a high dilution is indispensable.

*Pulsatilla* I always give, if possible, before labor begins, in the 30th, 200th, or higher, and I never saw an abnormal presentation when it was so given. I have seen it in potency restore recreant pains and accelerate and intensify tardy and deficient contractions as surely as I ever saw material doses of ergot do so. But I confess to failures with it, when I usually call upon cauloph, and generally not in vain. For retained placenta it has no rival, and for the radical treatment of unruptured varicose veins is only equaled by carbo veg.

*Rhus tox* once cured a case of milk leg for me after failure of my beloved hamamelis. These were the indications: at the very outset loss of power to move the limb. She cannot draw it up; a red streak marks the course of the p. saphena vein; great restlessness and aggravation after midnight, and wetting the limb.

*Sabina*.—Abortion at the third month with profuse bright-red, partly-clotted blood, certainly calls for this drug. A profuse dark-clotted discharge may indicate it at the same stage of pregnancy; but, I believe, this is less characteristic, and leads me to think of *ustilago* or *secale*. Forcing or dragging pains from the sacrum to pubes are more or less characteristic of *sabina*.

*Secale* has been terribly abused in obstetric practice, but it has its legitimate uses when indicated. In a material dose it will surely stimulate the weary uterus to renewed exertions after the failure of all other drugs. But if given before uterine dilatation be complete it will just as surely demand its compensation by annoying you by a retained placenta; therefore it is most wise and satisfactory to withhold it until the first stage be well completed. Indeed, of the two alternatives, ergot, or forceps, we much prefer to apply the forceps above the brim, if the uterine orifice barely admits their passage. Small but material doses of *secale* will arrest abortion at the third month when threatened by copious, dark, fluid hemorrhage and painful contractions, especially in feeble women worn out by bearing many children. In

this same class, frequently recurring, severely straining, pressing down after-pains, with thin brown lochia will surely be checked by ergot. It should cause the expulsion of the retained placenta, but I never tested it. I have never seen any result from a potency of secale.

*Sepia* is the chief drug for the constipation of pregnancy, but I cannot succeed with it below 200, nor should it be given at night, as it will then disturb sleep. If the woman complains that the movements of the child, although not unduly incessant or violent, are exceedingly distressing, I write it as another indication. *Many* and extraordinary hallucinations are rather peculiar to *stram*. She fancies that there are rats and mice or snakes under the bed, and insists upon looking to find them. This symptom alone may lead you to success with *stram*., as it has in threatening convulsions or mania, especially after an abortion. I have used only the 200th.

*Trillium* is one of our great uterine hemostatics. I am inclined to think a bright hemorrhage is more characteristic of it than a dark flow. At all events the flooding is profuse, and delicate women who flood habitually and are subject to uterine deviations respond more promptly to this drug than their more robust sisters. I use only the tincture.

*Ustilage* might perhaps be called a chronic hemostatic. Its hemorrhages are passive, chronic, persistent, sometimes a mere oozing but not infrequently an alarming welling of dark blood with dark clots, usually small; or a dark semi-fluid, not watery blood. It is more often useful after abortion than after labor. Its value in climaxis I noted at a previous meeting of this Society. I have used only the 3x trit. and the 30th.

*Veratrum viride* is to be ranked with bell. in convulsions, and perhaps at the head of the list in fever. Its onslaught is sudden and terrific, high fever, full head, rapid pulse, with fancies, delirium and cold crawling sweat are characteristics; as is also a yellow-coated tongue with a red streak down the middle. For that form of abdominal distress following labor and known as spurious peritonitis, I regard it as specific. I have never seen it useful but once in a high potency, and then it checked like magic a rapidly developing pneumonia arising from sudden chill in a case of puerperal insanity, which was ultimately cured by hyosciamus. In this case the 200th was used.

*Viburnum* should rank in our minds as a uterine polycryst. No drug will so surely control the cramps so often terribly distressing to the pregnant woman, and few will more certainly check the progress



of abortion. The *viburnum prunifolium* will even stop an abortion caused by taking cotton root,—a point, interesting both therapeutically and posologically, as showing not alone how unfortunate women can sometimes be helped, but also that *viburn. prunif.* antidotes *gossipium*. The *viburnum* miscarriage occurs more often at the fourth, fifth or sixth week, as was pointed out by Dr. Hale; and many married women who are sterile, and *seem* to have exceedingly irregular and tardy menstruation, always very painful and often profuse, are, as a matter of fact, habitual miscarriers. I have seen this proved beyond all cavil in a large number of cases. *Viburnum* will render the womb of such women continent. The pains of this drug are exceedingly violent, like those of *secale*, but more cramp-like. It frequently will check after-pains. I have used only the tincture with success, and confess to an empirical use of Hogden's *viburnum* compound in some cases with extraordinary satisfaction to myself and patient.

And now gentlemen, in conclusion, I offer apologies for the so frequent appearance of the personal pronoun. But I have been sought to lay before you only bona-fide experience, and I trust that the candid statement of success or failure with dilutions will occasion no cerimonious dissension, but rather, that every gentleman present will give us a statement of his successes or failures, and so a chance to confirm our own results, or gain a new help for ourselves and clientage. And that every opinion expressed will be received with that courtesy due from one gentleman to another.

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#### PURE HOMŒOPATHY VS. CRUDE DOSING.

BY JOSEPH C. GUERNSEY, M. D.

(Read before the Philadelphia County Homœopathic Medical Society.)

The more I see of medicine as practised by others, and the more experience I individually gain, the more firmly do I believe in pure homœopathy, and the more I become convinced of its almost illimitable power of healing. Cases innumerable are daily turned over to the knife, or nursed along by merely palliative treatment, which could be readily and radically cured by a strict and searching adherence to pure homœopathy. I have known cases to be cured by the homœopathic remedy, simplex, simillimum, minimum, administered by the hands of those of our school who are known as *purists*, which have been pronounced by prominent old-school physicians as "wholly incurable."

I have seen instances in our own school where low-potency and remedy-alternating homœopathic physicians have failed to cure, when the purist has taken the same case and made a brilliant cure.

I do not think this point admits of discussion. I do not think there is a physician in our school, of ten years active practice, who has not seen, or at least known of intractable cases to pass from crude, or so-called *material*? dosers, to the purist, and not beheld in many cases results ranging from great improvement to a complete cure. I claim this as a proof that there is *vis medicatrix* in a high potency; for the purists administer highly potentized remedies.

A large class of practitioners of our school use what they term *material* medicine, because, say they, "we want to be sure that there is medicine, *i. e.*, real medicinal force in the remedies we use." Hence their remedies are appreciable to the senses—we can see their color, smell their odor, and, in many cases, taste their nastiness. This class claim to obtain better results from their mode of practice than the purists. Is this true? They honestly believe in their method; their livelihood depends upon their success, and the more successful they are the more means they can acquire to enjoy life. But really, do the allopaths, and do our low-potency-alternating\* brethren make as clean and complete cures as our purists. I do not think so, and my observation of the results obtained by them bear me out in my view. I take into consideration the rapidity or slowness of progress toward convalescence, the length of time passing through the convalescent stage, and the final recovery, whether it be attended by "*sequelæ*," so-called, or whether cured entirely, leaving behind no traces of the malady. Certain forms of sickness, such as scarlet fever, diphtheria, typhoid fever, measles, and others, unless wholly and radically cured, have a tendency to leave or promote in the system certain complications or results of sickness known as "*sequelæ*," to wit: dropsy, otorrhœa, with consequent deafness, catarrh, chronic diarrhœa, etc. This liability being known, it should be guarded against. We must not let our patients suffer from these *sequelæ*, and the best way that I have found to do this is to treat them in a strictly homœopathic manner: giving *a* the most similar remedy; *b* only one remedy at a time; *c* the minimum dose.

Hahnemann states, *Organon* § 8: "When all the symptoms are extinguished, the disease is at the same time internally cured. It is not possible to conceive or prove by any experience, after cure of the

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\*There is an implied accusation here, which needs to be considered. We have knowledge of the fact that there are some low-potency prescribers who do not alternate and some high-potency prescribers who do. Moreover the purist is not necessarily a high-potentist, nor is the low-potentist necessarily a mongrel.—ED. HAHNEMANNIAN.



whole of the symptoms of the disease, together with all its perceptible changes, that there remains or possibly can remain any other than a healthy state, or that the morbid alteration which has taken place in the interior of the economy has not been annihilated."

I have often seen crude-dosing cause to disappear a certain set of symptoms, which, taken together pathologically, form the name of a pathological disease—as scarlet fever.

But a close examination of the case reveals the fact "the whole of the symptoms of the disease, together with all its perceptible changes have not passed away." The *sequelæ* now appear—perhaps Bright's disease. Then the pathological prescriber declares that the old disease was cured, but a new one has appeared; and grouping the now existing symptoms under a new name, declares he is at present treating the patient for a disease other than the original for which he prescribed. And further he vehemently declares that the new disease has nothing to do with the old, and is in no way connected with it. According to Hahnemann he surely has *not* cured his case. I believe that in most cases, if not all, these so-called "new" symptoms are but "perceptible changes" of the still existing original disease.

I rarely find any such "new disease" attendant upon a cure made by the purist. He cures cleanly and completely. His scarlet fever, diphtheria, measles, pneumonia, what you will indeed, are cured up so entirely that, barring accidents, such as taking cold during convalescence, no *sequelæ* or complications remain. As, therefore, the patient has no remaining symptoms he is consequently well, because "the morbid alteration which had taken place in the interior of the economy *has* been annihilated." I believe firmly and honestly that a large majority of the *sequelæ*, in all kinds of cases are due to crude dosing, to alternating of remedies, and to the employment of adjuvants which *suppress* but do *not* cure.

Now to summarize, the points I desire to submit to your consideration are these four: 1st. That there *is* vis medicatrix, or real medicinal force, *i.e.*, *real healing power* in the high potencies.

2d. That so-called *sequelæ*, are but continuances of the previously existing malady.

3d. That these *sequelæ* very commonly are resultant from overdosing—from the use of crude and mixed drugs. In many cases they are doubtless actual provings of the drugs that have been administered for the cure of a malady.

4th. That the purist does, by his mode of practice, more frequently avert so-called *sequelæ* than any other practitioner.

## CLINICAL CLASSIFICATION OF NASAL CATARRH.—ITS REFLEX DANGERS.

BY W. H. WINSLOW, M.D., PH.D. OPHTHALMIC AND AURAL SURGEON TO THE  
PITTSBURGH HOMOEOPATHIC HOSPITAL.

The most prevalent disease of the nose is catarrh of moderate degree. This is a chronic congestion of the mucous lining of the nose and adjacent sinuses accompanied by a discharge of mucus back into the throat and out of the nostrils. The mucus may consist of a nearly clear, watery serum containing a few mucous cells as in ordinary colds in the head, in the early stages of hay fever, and in chronic coryza; or it may be thickened into glairy whitish or yellowish strings and masses by the addition of more degenerating epithelium and perhaps a little blood, as in the later stages of acute attacks or in chronic or maltreated cases.

The next catarrh in order of frequency is a consequence of the milder variety, which has become severe, chronic and permanent through successive recurrences, neglect of the patient or the injudicious treatment to which it has been subjected. The mucous membrane of the nose is swollen, thickened and dropsical. It secretes thick, yellowish and greenish masses of mucus often streaked with blood which are blown from the nose with force, or, what is more common, keeps up a regular procession of nasty masses into the throat to be hawked out occasionally or to go down the pharynx into the stomach.

The third type of catarrh may be considered the third stage of the first and the second stage of the second just described, in which the mucous membrane is greatly damaged by development of fibrous tissue, atrophy of the glands, erosions and ulcerations here and there, occasionally accompanied by the destruction of the cartilage and bone, which form the framework of the nasal cavities. There is likely to be dryness and not much discharge from the nostrils, but there is the same posterior procession of masses into the throat which are no longer mucus, but consist of mucus, pus, blood, shreds and particles of putrefying tissue. The odor of the breath is dreadfully offensive. A severe case will often make the air of a room sickening to a healthy person, and the patient's health is surely undermined by the foul masses which are often swallowed.

This division of nasal catarrh into three varieties is practical, whether we look at the cases from a pathological or a clinical standpoint, and is essential in considering the treatment which must be carefully selected for each individual case, though every physician knows that each variety may present some one or more characteristics of the others in a moderate degree.



The second variety generally presents hypertrophy, and it is in it that we are more likely to find closure of one or more of the nasal chinks, or spaces, and the development of polypus.

The third variety is more destructive in its tendency, and oftener leads to hemorrhage, destruction of the bone and marked sinking of the nose.

The cavities of the nose seem little important to the thoughtless and uneducated, but, owing to the turbinated bones, crooks, crannies and cavities, the mucous membrane of the adult nose spread out will cover many square inches. This great area is not alone involved in nasal catarrh. The great cavities in the cheek bones, the ethmoid and the sphenoid and the nasal canals and lachrymal sac may be considered with it, as these parts are lined by a mucous membrane continuous with that of the nose, and supplied in a great measure by the same trunks of vessels and nerves, so that some sympathetic trouble must exist in most of these diverticula when the nose is diseased.

Nasal catarrh gives rise to a numerous array of local and constitutional symptoms, and the parts contiguous to the nose always suffer more or less; for instance the eyes, ears, throat and brain. I believe there has been too little consideration of the nasal reflexes, and that observation will yet find a cause for many more diseases in nasal catarrh.

Passing over diseases of the eustachian tubes, tympana, pharynx, larynx, conjunctivæ, lachrymal passages, frontal sinuses and anterior cerebral lobes, I wish to call attention to an important relation which I have observed during twenty years experience with patients, *i. e.*, *the frequency of the union of severe nasal catarrh with atrophy of the optic nerve.* I have seen not less than a dozen cases of severe chronic nasal catarrh associated with optic atrophy of different degrees, and have learned that the nasal disease has preceded the ocular by many years. Every physician has noticed the hyperæsthesia of the eyes in patients suffering from nasal trouble, but it is usually regarded as connected with the fifth nerve, and limited to the conjunctivæ and anterior portion of the eye. The possibility of the remote optic disk being affected has not been thought of, or, if so, was never expressed until this paper was read before our society, and though "there is nothing new under the sun," yet this fact I present is not expressed in the literature of medicine, so far as I can learn, with that direct linking of cause and effect which is necessary to arrest the attention of those who see most of these diseases. Once attention is called to the matter, every one must acknowledge that the profound attentions of

the schneiderian membrane and extensive irritation of sensitive and sympathetic nerves distributed therein, may cause remote and severe affections in other tissues. The relation is easily traced through the spheno-palatine ganglion, vidian nerve, carotid plexus, nasal branch of the trigeminal, the cavernous plexus and the optic nerve. Nasal catarrh must be treated always, in order to prevent its more frequent concomitants and this rare and dreadful amaurosis.

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## THE SURGICAL TREATMENT OF ABDOMINAL PREGNANCY.

H. I. OSTROM, M.D., NEW YORK, VISITING SURGEON TO WARD'S ISLAND HOSPITAL; TO HAHNEMANN HOSPITAL, NEW YORK; TO THE HOUSE OF THE GOOD SAMARITAN DIAKONISSEN.

[Read before New Jersey State Homœopathic Medical Society, at Atlantic City, October 5 6, 1887].

The success achieved in abdominal surgery within the past decade, has led surgeons to consider with more confidence than formerly the operative treatment of ectopic gestation; for while the serious nature of this accident of reproduction has always been recognized, until recently, laparotomy could offer little better chances of recovery than might be hoped for, from following an expectant method of treatment. Without active interference the subject of extra-uterine pregnancy is almost certain to succumb within twelve months, either to hemorrhage or to peritonitis, induced by the bursting of the foetus cyst. To this almost certainly fatal issue, laparotomy adds no more than the risk that ordinarily attends that operation, and offers what may to-day be considered a strong probability of prolonging natural life. The question at present, therefore, doesn't seem to be so much one of operating, as of how and when to operate, for I believe with a knowledge of the mortality of extra-uterine pregnancy, the surgeon is in a larger measure responsible for the death of his patient, if he does not adopt some operative measures to remove the foetus from the abdominal cavity.

I will not here discuss the many methods of arresting the foetal growth, or those that have been proposed, to kill the foetus *in situ*. The principles that have always governed my operative surgery are, to remove a foreign body as quickly and as completely as possible. I, therefore, find myself theoretically opposed to surgical make-shifts, and practically in favor of operative measures that take the place of less certain, but more conservative methods of treatment. It seems to me that there is only one way to meet those deadly cases, if we would offer the poor subjects of them, all that science can offer; that is, to open the abdomen and remove this product of conception. And



while each case may require modifications of this treatment suggested by the time at which the operation is performed, and the situation and anatomical structure of the fetus, the principle of dealing with the abnormally developed life, remains the same. Fully aware of the almost certain results that are to be expected, if not interfered with, we have no right to act upon the possibility that our case may be one of the few that nature is able to care for. Nature was not sufficient to prevent the accident, and there is no reason to assume that she will be any better able to deal with the mistake, after she has made it. In these cases, almost more than in any others in surgery, delay is fraught with danger, and prompt and decided action is called for. Given the diagnosis, which unfortunately is frequently obscured, I am convinced that laparotomy offers more than any other treatment that has thus far been proposed.

The etiology of ectopic gestation is an interesting study for the biologist, as well as for the physician. It deals with the beginning of life, and seeks to lift that impenetrable veil which now conceals the transformation from inanimate to animate, and from animate back again to dust. This cycle through which all life with which we are acquainted must pass, is in our present knowledge abruptly divided; we cannot go beyond the meeting of the germ cell and the sperm cell, which at some time, forms an essential part of all animal multiplication.

In the plan of human reproduction ectopic gestation bears no part; it is outside of the order of nature, so far as advantages occurring to man are concerned, and is in every sense opposed to the order which prevails throughout nature, though that it also is within the radius of laws of which we are ignorant, cannot be doubted. Possibly we have seen an illustration of atavism, a return to the reproduction processes of those lowly organized creatures who possess no special organs for the reception of the sexual elements, and in whom the meeting of these elements, which frequently takes place outside of the body, seems to depend upon conditions of environment, not connected with the sexual act.

In this connection, but bearing more especially upon the influence of the individual upon this error of insemination, I think we may be wrong in attributing so many cases to pathology of the uterine, or tubal mucosa, which is credited with arresting the germ cell or the sperm cells in the ovi-duct. This same result may follow an error of calculation on the part of the ovary, ova, or Fallopian tube. For some reason, not associated with the grosser form of pathology of the uterus

and its appendages, the germ cell is not discharged in time to meet the sperm cell in the uterus, and the sperm cells, being possessed of independent motion, find their way into, or through the ovi-duct, before the ova has reached the uterus. Impregnation, therefore, takes place outside of the matrix, for it is a singular fact, that structurally the interior of the uterus possesses no advantages on other abdominal surfaces for nourishing the products of conception. Insemination may be accomplished anywhere within the abdominal cavity, the lining being continuous with that of the uterus. The fact that it takes place in the uterus is due to a most accurate calculation, whereby the sexual elements meet in that place. If through any disease of the nervous system which controls the ovarian function the ova does not reach the uterus at the time of or soon after intromission, and still is discharged from its vessels, impregnation may occur when, and where the essential elements meet. I acknowledge that this is purely speculation, but we can do little more than speculate here, and this seems to me a not improbable etiology for some cases of ectopic gestation.

It is probable, as Mr. Tait has suggested, that the majority if not all cases of ectopic gestation, are tubal. That impregnation takes place at some point between the isthmus and the fimbria of the tube, and that therefore the cyst in which the foetus lies is originally composed of the walls of the tube, and of the peritoneum which covers it, in common with the broad ligament. We have, therefore, at least in the first months of abdominal pregnancy, an exceedingly simple pathology, and one which bears a resemblance, so far as operative treatment is concerned, to the least dangerous of all abdominal tumors, the parovarian cyst, and one which does not compare in gravity, or in difficulty of operating, with many of the diseases for which the uterine appendages are removed. Until the contained foetus acquires such a size as to tax the elasticity of the sac, and by repeated attacks of plastic inflammation induce adhesions to contiguous organs, the removal of the entire appendage that is at fault, should be done with little risk to life, certainly with less risk than attends either a delayed operation or no operation at all. Unquestionably the time of election for laparotomy in ectopic gestation is before any considerable placental development, and while there is little danger of tubal rupture. This period will fall between the second and third months, or near the fourth month of pregnancy. Of course, rupture of the tube occurring at any time, if recognized, will call for an immediate operation, for if hemorrhage results, death may follow very closely upon the accident.



After the fifth month, the danger of rupture becomes less, and if the child remains alive, active interference does not seem to be advisable, unless called for by some accident or the general condition of the mother, until full time and when false labor has set in, for, though at nine months both child and parent are large, and the operation may be one of exceeding difficulty, the risk to the mother seems to be less than when the child is removed at any period after the fifth month. Possibly this may be for the same reason that delivery at full time of normal pregnancy, is less harmful than a premature birth.

There is one general rule to be observed in laparotomy for ectopic gestation, after the fifth month, while the foetus is then contained in a sac. At almost any risk or labor on the part of the operator, the attachment of the placenta must be avoided when opening the sac. If this surface presents at the abdominal incision, it is well to first break up adhesion, if this is necessary to permit turning of the sac, that another surface may be presented for incision. If it is impossible to avoid cutting through the placenta, I believe that it would be better to ligate with a large handled-needle around the proposed incision, before opening the sac. The needle for this purpose should be very blunt,—else the placental vessels would be severed,—and deeply curved to gather up as much of the placenta as possible.

It is not advisable to attempt the removal of the abnormally developed foetus sac. Both it and the attached placenta should be treated as parts of an open wound. The sac, after the child is removed, is stitched to the abdominal wound, as we fasten some cysts, that cannot be separated from their attachments, and the cord left as drainage for the deeper structures. If there is no cyst, and the foetus has developed in the peritoneal cavity, the placenta attaching it only to some abdominal organ, very thorough drainage must be provided, and the placenta left undisturbed.

Apart from the treatment of the foetus sac, and of the placenta, laparotomy for ectopic gestation follows the rules of abdominal surgery generally. Absolute cleanliness, and when this cannot be insured, intelligent use of antiseptics; and I will here say, that though I have used both carbolic acid, and the bi-chloride of mercury many times in the toilet of the peritoneum, I have yet to meet with my first case of poisoning from these drugs. Examination of the kidneys before administering an anæsthetic; avoidance of unnecessary manipulation of the abdominal contents; rest, and before and after treatment, based upon a rational conception of physiological requirements.

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## THE PARAPLEGIA OF POTT'S DISEASE AS AN EARLY DIAGNOSTIC SYMPTOM.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

A more distressing deformity than that caused by Pott's disease does not exist. Its prevention can only be secured by the early recognition of the pathological condition giving rise to it. This paper is designed to treat of a symptom, or rather group of symptoms, which are of occasional occurrence in the incipient stages of the disease. I refer to the paraplegia that occurs at this time, and which, as I shall try to show, is associated with pneumonia sufficiently characteristic to lead one to the correct diagnosis of these cases.

The opinion is current in the profession that the paraplegia occurring with vertebral caries results from the pressure of the diseased bones on the spinal cord; in other words, that it occurs after the characteristic deformity of the vertebræ has become manifest. In point of fact there is no special relation existing between the paraplegia and the stage of the primary bone trouble. In some cases the paralysis appears long before any deformity is noticeable, and disappears as the deformity comes on; or the reverse may be the case, the paralysis appearing only after the vertebral disease is well advanced and deformity marked. The pathological lesions in these cases are several. In the first place, the paralysis may result from the pressure of the displaced vertebræ on the cord. Here the presence of the deformity places the diagnosis beyond cavil.

In the majority of cases, however, the pressure on the cord is exerted by a tough, yellow, scrofulous growth, springing from the vertebral ligaments. This extends to the dura mater, producing inflammation and thickening of that membrane. As the carious process affects the bodies of the vertebra almost exclusively, it follows necessarily that the anterior portion of the dura mater and the antero-lateral columns of the cord must be parts affected. The paraplegia, therefore, is in keeping with that arising from diseases of these structures.

Coming now to the symptoms of the paraplegia of Pott's disease we find it characterized by

1. Excessive lesion and cutaneous reflexes.
2. Rigidity of the paralyzed extremities.
3. Spinal pain.
4. Preservation of normal electrical reactions.
5. Loss of control over bladder and rectum.
6. Fever.



The first symptom noticed, as a rule, is pain in the back at the seat of disease. This pain is relieved by rest in the recumbent posture, and is aggravated by any jarring of the body. Next the weakness of the limbs appears. This gradually increases in degree, it frequently being several months before the paralysis has advanced sufficiently to be recognized as more than a mere debility by the patient or his friends. Then starting of the limbs while lying in bed comes on. Next the limbs become rigid, so that a great amount of force must be exerted in order to bend them.

Early in the course of the case, even before any paralysis is noticeable and only the backache is complained of, the tendon and cutaneous reflexes, especially the former, are exaggerated. A slight tap with the finger on the ligamentum patellæ is sufficient to produce an exaggerated knee-jerk. An ankle clonus is obtainable, and frequently the planter, cremaster, gluteal and abdominal reflexes are all more readily obtained than normal.

Sometimes there is apparently great wasting of the affected muscles. Careful examination, however, shows little or no alterations in the electrical reactions.

In some cases there is a loss of control over the bladder, which is not permanent, however.

An increased temperature is also noticeable. This has varied in my cases from  $99.5^{\circ}$  to  $103.5^{\circ}$ .

The diagnosis of these cases is not often a difficult matter. The majority of them occur in children, in whom paralysis with rigidity from other causes is rare. The aggravation of the pain in the back by jarring and its relief on lying down is an invaluable diagnostic symptom. The increased reflexes indicating, as they do, a lesion acting on the antero-lateral columns of the cord are also of importance. The increased temperature points to an inflammatory trouble. If, with these symptoms, we can obtain a history of scrofulosis or trauma, the diagnosis becomes tolerably certain. Of course the existence of angular deformity, of the peculiar attitudes characteristic of Pott's disease patients, of the aggravation of pain on pressing the vertebræ together serve to make the diagnosis mathematically certain.

In illustration of the above statements I now submit the following cases :

CASE I.—George C——, æt. 14 years, five weeks before coming under treatment began to complain of pain in the back between the scapulæ. This pain has been gradually increasing in severity. Three weeks before he sustained a slight injury, after which his trouble grew

rapidly worse. He finally became unable to walk, although all movements of the legs were preserved; there was some rigidity of the lower limb. Patellar reflexes greatly exaggerated; well-marked ankle-clonus present. The surroundings of the boy were anything but hygienic. After one month's treatment he was put in a plaster jacket by Dr. Van Lennep. The pain in the back then improved greatly and the rigidity of the legs lessened. I then had him removed to the Children's Hospital, as he could not be taken care of at home. At this institution he became unmanageable, and was therefore discharged. He was then treated by a physician by rest in a supine position with sandbags on each side of him. I saw him six months afterwards. An angular deformity had appeared at the previous seat of pain, but the paralysis had entirely disappeared.

CASE II.—C. S——, æt. about six years, from Carlisle, Pa., was admitted to the Children's Homœopathic Hospital with paralysis of the trapezii muscles. Pott's disease of the spine was suspected, and Dr. Wm. B. Van Lennep gave her a careful examination but failed to find any evidence of that trouble. She was placed in bed, lying on her back, without a pillow. This position was assumed as it prevented the stretching of the paralyzed muscles. Improvement followed at once. When she was removed from the hospital by her parents she could maintain her head in its normal position, but there was a slight halt in her gait. The patellar reflexes were then found exaggerated and an ankle-conus was presented.

I wrote some three months ago to Dr. J. S. Bender, of Carlisle, for further information concerning this patient. He tells me that since she left the hospital, two years ago, deformity has developed on the back of the neck. She is able to hold her head erect in the morning on rising, but towards evening it begins to hang forward over her chest.

CASE III.—Mr. ———, æt. 24 years, clergyman, while riding was thrown from his horse and severely shaken up. Shortly afterwards there appeared a pain over the vertebral column in the mid-dorsal region. The seat of pain was sensitive to touch. He had no trouble in walking. The patellar tendon reflexes were greatly exaggerated. Ankle clonus, though slight, was present. The plantar, cremaster, abdominal and epigastric reflexes were exaggerated. His temperatures, taken on three occasions, ranged from 99° to 99·5°. The diagnosis in this case lay between spinal concussion, disseminated sclerosis of the cord and Pott's disease of the spine. The sensitiveness of the vertebræ to touch and the increased reflexes were inconsistent with



spinal concussion. The increased reflexes suggested a possibility of disseminated sclerosis, but then that disease does not have spinal sensitiveness or elevated temperature. Pott's disease was, therefore, diagnosed by exclusion. At my request, Dr. Charles M. Thomas placed the patient in a plaster jacket. For the first week or two afterwards he did not feel so well, but he then began to improve. He then went West. The last time I heard from him he was still doing well. He had had the jacket removed by a Chicago surgeon. This patient showed a tendency, when standing near a high desk, to rest one elbow on the desk and support his body on his hip with his other arm.

CASE IV.———, æt. 13 years, colored, was seen with Dr. E. L. Oatley. She presented the most marked spastic paralysis I ever witnessed. Cutaneous and tendon reflexes were alike exaggerated. The slightest irritation to the sole of the foot excited convulsive movements over the entire body. The legs alone were paralyzed. This patient had been under the care of Dr. W. B. Van Lennep at the Children's Hospital. Her symptoms while in that institution consisted solely of a large, cold abscess extending from the inner angle of the left scapula to the left side of the lumbar vertebræ. She was discharged because her parents would not consent to operative treatment. At that time there was no paralysis. Her temperature since coming under Dr. Oatley's treatment was always over 100° F. and sometimes as high as 103·5° F. In this case there was no deformity of the spinal column.

CASE V.—Carrie W., æt. 7 years, came to the Hahnemann College Dispensary complaining of difficulty in walking. She falls frequently without assignable cause. Patellar reflexes exaggerated, but no ankle-clonus. There was slight angular deformity in the mid-dorsal region.

CASE VI.—Baby, æt. 15 months, was sent to the Children's Homœopathic Hospital of Philadelphia by one of the children's aid societies of the city. No history of the case was obtainable. The baby, though fat and healthy to all external appearances, could not hold its head erect. Its patellar reflexes were decidedly exaggerated. (In a baby of the age and build of this one, I would ordinarily expect not to find the patellar reflex at all). The temperature ranged from 99° to 100·5°. After one month's rest in bed the child can hold its head erect, and the patellar reflexes are not as readily obtainable as before. No abnormality of the vertebral column was discoverable in this case.

## COMPARISON OF SPIGELIA AND CACTUS.

BY S. LILIENTHAL, M.D., OF SAN FRANCISCO, CAL.

The similarity between *spigelia* and *cactus* is only superficial, and we can hardly believe that a mistake in prescribing either one can be made. In *cactus* an active arterial congestive state prevails, showing itself by the relief from bloody discharges. Thus the headache finds amelioration by copious epistaxis of bright-red blood; the congested lungs breathe easier after an hemoptoe of bright-red blood, the congested dysmenorrhœic uterus finds relief from the discharge of the clotted blood which accumulated in its cavity; thus *cactus* differs greatly, in this active congestion from *spigelia*—whose action is based on a dyscrasic state; call it gout or whatever you like—which the latter lacks, as it also lacks the periodicity which we meet in *cactus*. We greatly doubt whether a homœopathic dose of *spigelia* acts only as a narcotic on the *lumbri*ci, and that a dose of castor-oil, or *infusum sennæ* is necessary to drive out the drunken wretches. Hoynes's partial proving, as recorded in the Transactions of the International Homœopathic Association of 1884, rather shows its powerful action on the intestinal canal, for we read there of a nervous gastric state (it ought not be called gastritis), with a severe pain of a constricting character in the œsophagus, most horrid nausea, loathing of food, sallow face, etc. The abdominal symptoms of *cactus*, on the contrary, are of a purely rheumatic character; and we meet here again the strong pulsations in the *serobiculus*, the insupportable heat in abdomen, as though something burned him internally, and we may in the night-blooming *cereus* speak of true gastro-enteritis, of peritonitis, which is not the case with *spigelia*. In both drugs we meet gastric fever, but in *spigelia* it is rather gout of the stomach, whereas in *cactus* we find the sharp neuralgic pains in the stomach, through the diaphragm, and violent pains in bowels, almost causing him to faint. *Spigelia* shows its dyscrasic effect on the glandular system, which we also miss in *cactus*.

Comparing these two drugs according to the Hahnemannian scheme, we learn :

## CACTUS.

Sadness, taciturnity and irresistible inclination to weep.

Fear that something terrible is to happen.

Vertigo from congestion; face red, bloated; pulsation in brain.

*Pulsations* in temples as if skull would burst. Heavy pain, like a

## SPIGELIA.

Deep melancholia; gloomy, suicidal mood.

Afraid of pointed things, as pins; easily irritated and offended.

Vertigo on walking, as if pavement was rising up; pale, sickly face.

*Stitches* in left side of head and out of left eye. Nervous headaches, be-



weight, on vortex, and pressure, from sounds or strong light.

*Right-sided* headaches and neuralgias; which are periodic, pulsating and of extreme type.

Feeling as if the head were compressed in a vice, and that it would open from the severity of the pain.

Paroxysmal pain in right temple, and by lying quiet; nose constantly dry.

Acute rheumatic ophthalmia, hyperæmia of fundus of eye; blurred vision from circles of red light before eyes.

Otitis from checked perspiration; pulsations and buzzing in ears; hardness of hearing.

Dry coryza; profuse nose bleed, soon ceasing.

Right-sided prosopalgia; flashes of heat in face, with suffocation; brought on by wine, music, strong light, and when lying still in bed.

No toothache nor caries mentioned in cactus.

Pricking in point of tongue; taste acrid.

Fetid breath in the morning; feeling of warmth in throat and chest; suffocative constriction in throat, with full throbbing carotids.

Complete loss of appetite and taste; after-dinner pulsation behind stomach; acrid, sour fluid rising into throat and mouth, making food taste acrid. Hæmatemesis.

Sharp neuralgic pains in cardia; burning in pit of stomach; pulsations in scrobiculus.

Rheumatism of diaphragm, feel-

gining in cerebellum and spreading over left side of head, and from least motion or jarring, from thinking, after washing, but better while washing.

Boring from within outward in forehead, vertex and cerebellum.

Scalp feels sore to touch; head feels as if too large.

Neuralgic pressive pain in left orbit extending down to zygoma; fine stitches in lids, as from needles; supra-orbital pains and ptosis; sclera inflamed; pupils dilated; rather moves head than eyes.

Stitches in outer and inner ear radiating to eye, zygoma, throat, jaw, teeth; loud noises painful.

Itching of alæ and of dorsum of nose.

Burning and tearing; pressing in left zygoma; stitches from upper maxilla to vertex and in cheek and temple in front of ear; facial muscles distorted and swollen.

Sudden, jerking pains in molar teeth, at night and *after* eating, with spasmodic closure of jaw.

Tongue and palate full of vesicles which burn when touched; stitches in tongue from behind forward.

Offensive taste and odor from mouth; mouth feels dry and pricks as from pins; yet filled with tenacious and nauseous saliva. Tingling, spasmodic stricture in œsophagus; stitches in larynx, by swallowing.

Appetite increased (worms) or gone; frequent eructations; stitch in epigastrium, with dyspnœa, and by lying down.

Stitches in left hypochondrium, sharp, only on motion and inspiration, and by bending forward; stitch deep inward in right hypochondrium

ing as if a cord were tightly tied around lower part of chest, with jerking breathing.

Morning diarrhœa; fluent hemorrhoids.

Constriction of neck of bladder and constant irritation to pass urine, which passes in drops with much burning; urine reddish, turbid; urination prevented by clots; hæmaturia.

Prostatic affections; weight in anus; constriction of bladder.

Pulsating pain in ovarian region, extends down thighs, returning periodically at same time daily. Spasmodic constriction in uterus and vagina, often from least touch, gradually extending upwards; whole body feels as if caged in wires.

Dysmenorrhœa; menses too soon, black, pitchy; menorrhagia.

Difficulty of breathing; continued oppression and uneasiness, as if the chest were constricted with an iron band and could not dilate normally; often with fainting, cold sweat, loss of breath.

Dry cough from tickling in throat and itching in larynx.

Congestion of chest, which prevents lying down. Hemoptysis with marked arterial excitement accompanied with convulsive cough.

Sensation of constriction in heart, as if an iron hand prevented its normal movements, and had not room enough to beat; pricking pains impeding breathing and movements of body; cannot lie on left side; blue face; pulse quick, throbbing, hard and tense; low speaking.

Functional disorders of heart, from

only on motion, on expiration, and by full inspiration.

Flatulence, followed by diarrhœa, and preceded by pinching pains in bowels.

Frequent tenesmus of bladder; copious discharge of urine, with white sediment.

Erections with voluptuous fancies, but without sexual desire; discharge of mucus from the urethra at stool.

Neither Allen, Dunham nor Lippe mention any!! Hoyne (l. c.) gives: menses one week too early, attended with severe and prolonged constitutional disturbance; menstrual flow of a bright-scarlet color and fetid odor, with pressure and pain in whole pelvic region shooting down the limbs (standing), followed by brownish leucorrhœa; profuse dark clots passing, of a most disgusting odor.

Impeded respiration from sticking pains in various parts of the thorax, independent of respiration, though increased by it.

Spasmodic cough, violent, dry and hollow, and by stooping forward.

Pressure upon chest in various places, or stitches from within outward, worse from inspiration and motion.

Violent pulsations of the heart, audible to patient and visible to bystander; violent palpitation and anxiety; tremulous motion of the heart; aggravated by sitting down and bending forward, by deep inspiration and retention of breath. Palpitation as soon as he sits down in the morning, after rising.

Heavy, painful, pressing load,



mental emotions, and at menstrual periods.

Fluttering sensation of heart like a bird's wing. Small, irregular beats of heart, with necessity for deep inspiration.

Great irregularity of heart's action, intermittent at times, and of varying character; great frequency of action, alternating with slowness.

Rheumatic pain in region of heart and small of back; pain under left shoulder blade, in shoulders, upper and lower arms, in hips down to feet, and in rest, and in motion, and all positions.

Sleepless from arterial palpitations in scrobiculum and right ear; wakeful at night with a tired feeling.

Periodicity; attacks come on daily at the same time.

causing constriction and anxiety, with cutting and griping as from wind in abdomen.

Pressing feeling over heart; wave-like motion, not synchronous with the pulse.

Stitches in back when breathing; stinging or itching in joints; *hard nodosities on hands and toes.*

Sleepy, but cannot sleep on account of great restlessness of limbs; is more tired in the morning than when going to bed.

No thirst during fever, chill partial, no heat externally, with desire for external heat.

If time permits let us rather compare spigelia with causticum, colchicum and other gouty remedies, for in that direction spigelia has been rather neglected, and very few of our writers mention it among their remarks on arthritis.

### AMENORRHŒA; INSANITY—CUPRUM MET.

BY C. S. MIDDLETON, M.D., PHILADELPHIA, PA.

[Read before the Philadelphia County Homœopathic Medical Society].

At any period of menstrual life an absence of the menses will in many instances superinduce mental aberration. This fact is well known to all practitioners of medicine.

The remedies required in such cases often tax our resources to the utmost, compelling us to search the *Materia Medica* diligently, from first to last.

The following case is one of a number treated by the writer; said cases ranging in age from young girls in their "teens," to women at the menopause.

Mrs. E. R., aged twenty-five years, short in stature, light complexion, tending to the lymphatic temperament, somewhat eccentric,

but of pleasant disposition, had before marriage considerable difficulty in the way of amenia, her menses being present only at rare intervals.

After the birth of her boy the lochia became suppressed; mental aberration supervened, and agalactia ensued, but the menses did not appear, nor was her physician (who was of the old school) able to reproduce them. The patient was sent to an institution in New York State, where she remained three months, whence she returned unimproved.

I now saw her for the first time in a professional way, and as she was decidedly insane, and the prospect for treatment at home unpromising on account of incapable family attendants, she was sent to the Pennsylvania Hospital for the Insane, then under the superintendence of the late Dr. Kirkbride. Here she remained for three months or more, when she was returned to her home again, without benefit, either as to the suppressed menses, or the mania.

It now became my obligation to take charge of Mrs. R. under rather unfavorable circumstances; these were, a change from the allopathic school to homœopathy, a well settled insanity and the associations of home nurses, which are rarely conducive to a proper treatment of the insane. As to the first of these conditions named, I did not fear for homœopathy in comparison with the old school, be it understood, but for the element of discord that is often engendered under such changes when all the family are not of the same mind.

One is scarcely able to confine his prescriptions to a few remedies in these cases, as the character of one patient's condition and vagaries are so different from those of another. The drugs most indicated were prescribed as required, with amelioration, until Mrs. R. had been under my care for about two months, when we had the satisfaction of reproducing her menstrual flow. This improvement was brought about by the use of *cup. met.*, and was followed by rapid relief of distressing pains in the head, and many of her delusions. From this time on success was assured, as she has menstruated more or less regularly since, now ten years. Of course, much assistance was rendered Mrs. R. subsequently, by the use of such drugs as bell., gels., hyos., stram., etc., but the award of merit must be accorded *cup. met.*

The prominent symptoms indicating the above drug in this case were the constant talking and changing of ideas; fear, dread, cross and irritable; cunning; acuteness; violent pains in the vertex; sleeplessness, suppression of menses, with abdominal (crampy) pains.



## SCOPOLINE IN CORNEAL ULCER.

BY HORACE F. IVINS, M.D., PHILADELPHIA, PA.

My attention having been called to this new mydriatic, by Mr. Geo. B. Evans, I determined to try its action in the first case which seemed to indicate its use. This occasion offered on the following day, *viz*, February 3, 1888.

It was in a little girl with a corneal ulcer of the left eye, the right one being normal, except that a slight sympathy was shown for the affected eye.

For the past three months she had had severe pain, photophobia, lachrymation, dimness of vision and headache. The pain in the eye was worse at night, and so severe as to permit her to sleep but little. She cried much during the night. The only relief obtained, even temporary, was while the mother held her hand over the child's eye. The nocturnal annoyance had continued for over two weeks.

The patient had been under the care of oculists at a well-known allopathic institution, who had evidently prescribed atropine sulphate, but with no marked relief to the condition; and it had not been used for more than a week prior to her visit to me, which was at the suggestion of Dr. A. J. Richardson.

The left cornea was quite hazy, except the outer and upper third. On the cornea over the inner and lower edge of the slightly dilated pupil was a small, round ulcer. Near it were opacities of the cornea, the remains of former ulceration. Owing to the photophobia, the usual drooping of the lid in such cases, and the haziness of the cornea on ophthalmoscopic examination was not persisted in.

The conjunctiva was markedly congested, but there was no well-defined pericorneal ring. The pupil reacted to light, but showed evidences of the influence of a mydriatic.

As arsenicum album had proved useful in similar conditions, and as the girl had a nasal catarrh for which the same remedy seemed indicated, it was given in the 30x, one dose every three hours. A drop of scopoline—gr. j, ad fl. ʒj.—was instilled at 3 o'clock P. M. According to the mother's statement, the pupil did not show much increase in size in the evening, at which time a second drop was used.

The patient slept better, but suffered some. The pupil was freely dilated on the following morning. The lachrymation, photophobia and congestion were better. A drop of scopoline was used morning and evening, and the arsenicum continued. The sleep was good the second night, not being disturbed by any pain, and the same result followed on the next night.

I saw the little patient on the 6th—yesterday—and found the pupil well dilated, the cornea clearer, the ulcer nearly healed, the photophobia and lachrymation much less, and the congestion only moderate. The child said she could see better. The lid still drooped.

How much of this improvement we can attribute to nature, to scopoline and to arsenic is a problem. It is evident that nature had not done very good work in the recent past, and it is equally evident that the former mydriatic had not accomplished as much as had been gained in the past three days. What of the arsenic? We know that its action is very prompt in these cases, when clearly indicated, but it is seldom so active in such a confirmed condition.

It is not well to be too enthusiastic in praise of a new drug; this is scarcely enthusiasm, however, as the case is reported as a favorable one, but chiefly because it will serve to call more attention to this new preparation, at least new on this continent. I much regret this hasty and premature report, but time does not permit further investigation at this writing.

I have just made use of the drug in a second, similar case, but no report has been made as yet.

Scopoline was introduced by Preid'hony, and has been experimented with quite extensively by H. Percy Dunn, F.R.C.S, who gives a report of his investigations in the *British Medical Journal* of January 8th, 1888.

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### A CASE OF ERYSIPELAS.

BY O. S. HAINES, M.D., PHILADELPHIA, PA.

[Read before the Philadelphia County Homœopathic Medical Society.]

On March 24th, the husband of Mrs. L. called at our office and stated that his wife had had a severe chill some hours before, and was then in a high fever with much pain in her head.

He had also observed a red blush over her nose, which he feared was erysipelas.

Mrs. L. was advanced between six and seven months in her third pregnancy.

The lady resided some distance out of the city, and a visit to her at that hour being impracticable, we sent her a prescription of belladonna, 3x dilution, with instructions to go to bed and to report to us on the morrow.

No report came on March 25th.

On March 26th, however, at one o'clock in the morning, the husband came in haste for us.



During our drive, he explained to us that from the time he had called at our office, until the evening of the 25th, his wife had rested quietly; but that during the night of the 25th, she had been suddenly seized with repeated rigors, accompanied by marked extension of the erysipelas to the right cheek. Moreover, the rigors had provoked uterine contractions, and a miscarriage was imminent.

Upon our arrival at the house, we found labor progressing, and three hours later Mrs. L. was delivered of a live foetus. The child died in about six hours. After delivery she became rapidly worse, her temperature reached 106° F., the erysipelas became phlegmonous, and spreading to the scalp, mild delirium supervened. The lochial discharge was scanty, but not offensive, neither was there any abdominal tenderness.

The 27th and 28th of March were uneventful days, she had a maximum daily temperature of 106° or 105°, the erysipelas extending constantly.

March 29. Her temperature varied from 99° at 6 A. M. to 105° at noon, and 104.5° at midnight.

March 30. Temperature varied from normal at 6 A. M. to 105° at 9 P. M.

About this time a consultation was had with Dr. Aug. Korn-dorfer, who approved of the treatment and suggested further, that cantharis, 30th potency, be given if improvement did not soon take place.

His indications for that remedy were mainly:

1. The fact that the disease had commenced on the dorsum of the nose and spread towards the right cheek.
2. The pains, which were burning in character.
3. The intense restlessness of the patient.

Being without a supply of cantharis 30, and moreover with preference for the lower attenuations, we prescribed cantharis 3.

Our records conclusively show that but very little, if any, improvement followed the administration of this remedy—in the 3rd attenuation.

Having in mind at this time several apparently very remarkable ameliorations after the use of bryonia 1000 in enteric fever cases, we determined to try cantharis 1000 in this case.

On the night of March 31st our patient was very ill, so we left one drop of canth. 1000 on some sugar with the nurse, with instructions to give Mrs. L. the dose, should no improvement set in during the night.

About 2 A. M., April 1st, the powder was administered.

Upon my arrival in the morning, the nurse, with beaming face, told of the "magical" effects of the remedy, declaring she had never witnessed such a marked change for the better in so short a time. She had never nursed under a homœopath before. Our patient had fallen into a calm slumber shortly after the dose, and had awakened bright and feeling better in every respect.

April 2d the temperature rose again, *but only to 101.8°.*

April 3d it *barely reached 100°* at its maximum.

From this time our patient made an uninterrupted recovery. The lochial discharge increased. Desquamation of the epithelium occurred quickly, and her appetite and strength gradually returned.

No abdominal complications occurred.

The marked amelioration of all the symptoms occurring *after* the administration of canth. 1000 has suggested to our mind the question, was this a medicinal effect, or was it a natural defervescence, such as we might expect during the course of an acute erysipelas, even had no medicine been given?

If the former be true, then must we grant to cantharis 1000 medicinal qualities not resident in canth. 3.

We submit a temperature chart, giving the variations in temperature from March 29 to April 10. The point at which the dose of cantharis was given was marked with a star, thus \*.

At every subsequent rise of temperature another drop of the canth. 1000 was given, in all four or five doses.

## Translations.

### SPIGELIA ANTHELMINTICA AS A CARDIAC REMEDY.

BY DR. MOSSA, BERLIN ZEITSCHRIFT VII. 2, DECEMBER 1887.

[Translated for THE HAHNEMANNIAN MONTHLY, by S. Lilienthal, M.D., of San Francisco, Cal].

Hahnemann and his disciples, as Gross, Hartmann, Franz, Wislicenus were our only worthy provers, and only lately some American lady students have taken up the matter and by their reproving confirmed the old provings.

In the fifth volume of the *Materia Medica* prover Gross mentions: as soon as he sits down in the morning after rising from his bed, the heart begins to beat severely, and over the spot where he feels the beat, there seems to be a heavy, painfully pressing load, with oppression; at the same time he feels a cutting and digging up in the abdomen, as if caused by incarcerated flatulence, continuing longer than the palpitations. Dull stitches in the region where the beat of the heart



is felt ; dull oppression, sticking in the heart between the region where the beat of the heart is felt and the *scrobiculus cordis* ; the same stitching is felt in and above the pit of stomach and the chest is oppressed. Heart seems to be in a trembling motion during the palpitations in the morning. When inspiring deeply and holding his breath the anguish increases, palpitations follow, the heart beats stronger, he feels its palpitations by putting his hand on the chest ; worse when sitting down or bending forward.

Hermann records : Dull stitches, isochronous with the pulses where one feels the beat of the heart, and a little more outside. Unusually severe palpitations, so that he can often hear the pulsation of the heart and can observe it through his clothing. Hartmann observed severe stitches close under the heart, passing into a sort of tickling for a short while and then returning with the same violence in the form of a stitch.

Looking their symptoms over they record : severe beating of the heart, which can be heard when sitting or walking, and when lying down, and in fresh air. During inhalation short stitches run through the heart ; oppression of chest ; sensation of suffocation ; spasm of the heart ; sensation as though the heart stood still, as if the muscle of the heart ceased work, as if the blood circulated slowly through the heart ; sensation of suffocation with irregular beats of the heart. At the apex of the heart a pain, as if a rather dull dagger slowly pierced the heart. The symptoms of the pulse are less numerous. Gross records a diminution from 72 to the minute to 54 at breakfast time, in his own person. Hermann's pulse became weak and irregular, slow at one time, rapid at another. Some persons showed exquisitely the symptoms of an intense quotidian fever with evening exacerbations ; sensations of horripilations and chilliness prevailed, starting from the cardiac region. During the heat the cheeks turned red for a short while and then became still more pale. Cerebral congestions were clearly manifested.

Though all persons acknowledge that *spigelia* has a motory and sensory action on the heart, we do not know whether this action emanates from the ganglionic (automatic) centre in the substance of the heart, or from the pneumogastric in its regulatory function, or from the sympatheticus ; but when we consider how the nerve and centres by numerous ramifications are intermixed and how any irritation of one of these centres radiates to and with another one, we do not give anything to study out the action of each of these centres. It has been tried over and over with *digitalis* and all the results from experiments on animals have failed to elucidate that point. We, as disciples of

Hahnemann, feel satisfied with the fact that spigelia changes the physiological action of the heart in such a manner that one can see, feel and hear the beating of the heart, and is therefore able to regulate the morbidly increased activity of the organ. It is also a left-sided remedy.

Dr. John Kafka gives it the first place in *congestive palpitations*, especially when the patient, of strong constitution, has a red face during the attack, the pulse full and large; it suits then every age and sex, and benefits already far more in a few days than aconite or belladonna could accomplish. It is for the congestive palpitations what Pulsatilla is for the asthenic ones, and he has cured with spigelia, cases which resisted for months the old-school treatment with digitalis and mineral acids.

I (Mossa) treated a man about forty, fat and small, pale face, living in his office where the sun never entered, who complained for several weeks when retiring in the evening of palpitations, but he also felt them in daytime when stooping or moving about, oppressions of chest and general weariness—sounds of heart of normal strength and purity, but the impulse so strong that the hand as well as the stethoscope are lifted up; pulse full and strong, 100 to the minute; isochronous with the beats of the heart. Phosphor. failed entirely; after taking spigelia three mornings and evenings he was entirely relieved in a short time. A woman, fair, fat and fifty, complains off and on of severe palpitations with rush of blood to head and face, oppression, anguish and dyspnoea. Spigelia 30 always relieves her. C. Hering considers it a grand remedy for persons suffering from palpitations when they have a foul breath, which hints to a gastric disturbance, and it is well known that helminthiasis and palpitations may go hand in hand.

But just as belladonna has pale face, so also has spigelia, for we may meet pallor of the face with a congestive state of the cerebral blood vessels.

*Stenocardia.* It is a fearful and peculiar pain in the cardiac region, radiating under the sternum to the pit of the stomach, along the courses of the *nervi thoracici anteriores* to the brachial plexus, *nervus cubitalis*, *plexus cervicis superficialis*, *pneumogastricus*. Lobethal found spigelia worthy our attention in *gouty angina pectoris*, where we meet ossification of the coronary arteries and of the large blood vessels. Though it does not cure, it alleviates wonderfully the sudden attacks of anguish and the palpitations, till death suddenly carries the patient off during an attack. Excessive use of tobacco has also been accused as one of its causes, as it produces an accelerated, irregular activity of the heart, with pains all through the chest, oppression in the precordial



region, dyspnoea, fainting, sleeplessness and, with the condition of *ces-santa causa, cessat effectus*, spigelia may be advantageously used for the removal of the remaining symptoms.

Mossa treated an elderly merchant, who had suffered for many a year from abdominal plethora and chronic constipation, for which he went regularly to Kissingen. Last year he observed a remarkable intermission of the pulse, and lately he complained of a painful pressure in the chest, especially in the cardiac region with the sensation as if a blood-wave wanted to push itself through the heart. He feels best mornings; is often worried during the day; pustular eruption on nose. Arsenic 30 failed to give relief, but spigelia 30, 6 powders, one every evening, followed by placebo, showed itself worthy to be called the great regulator of cardiac action.

Schroen found spigelia effective in erethic debility of the heart, in women with frequent, profuse menstruation, complaining of weakness of head, are full of bad feelings and become easily exhausted from any little over-exertion; when sitting down they have vertigo, and the heart beats strongly at every rapid motion. They flee from company, and when forced to see people they perspire easily and their hands tremble. Neither auscultation nor percussion demonstrate any organic change in the heart. Here spigelia in a high potency does well. Where suicidal ideas come in, let us interpolate a dose of aurum and then return to our spigelia.

*Endo- and pericarditis* are so often of gouty or rheumatic origin that spigelia immediately looms up before our mind. Hartmann in his "Diseases of Infants," remarks: In chronic inflammations of the heart spigelia corresponds to the following symptoms: tumultuous palpitations of the heart, which can be heard and seen; the stethoscope reveals a wave-like, trembling motion like the purring of cats, or a rasping sound, or a metallic noise, isochronous to the systole, rapid or slow, but never intermitting. Anxious oppression of chest, worse from any change of position; sometimes stitches in chest. The cardiac region seems pushed out with pain or percussion. Often the whole body is over-sensitive; pains in abdomen, or sometimes a suddenly appearing spasmodic cough, threatening suffocation. The febrile symptoms are not in correspondence with the pulse; heat and chills constantly alternate according to the exacerbation of the fever; worse towards evening, with thirst. Spigelia is here especially of service when the inflammation attacks a heart already out of order, or when inflammatory affections of the heart preceded; which, as it is well known, are disposed to relapse. In all such cases spigelia does all

the service which we could expect from aconite, belladonna or bryonia, and it may be prescribed in a middle or high potency, morning and evening a powder, or only once a day. In another place Hartmann recommends spigelia for:—irregular beat of heart; stormy beat of heart felt by the hand placed over it, when lying or sitting; not isochronous with the radial pulse; trembling sensation in the chest and in temples, worse by motion; pulsating of the carotids with trembling motion; sensation of narrowness of chest at any change of position; bright-red lips and cheeks, turning pale at every motion; gouty pains and stiffness of the joints; dull stitches, isochronous with the pulse, in the cardiac region.

Bache prefers spigelia in rheumatic endocarditis of the sero-plastic form, with severe pains, but before considerable valvular changes have set in. Kafka, in his *Classical Therapia*, remarks: When aconite fails to relieve a pericarditis, it shows us that local symptoms may be looked for, and we usually soon discover a friction murmur with severe pains in cardiac region; a strong impulse and high fever, all of which is soon improved by spigelia 3, a teaspoonful every hour or two. The same benefit is witnessed where pericarditis arises in the course of an acute articular rheumatism, even where pneumonia or pleuritis complicates the case. Only when the exudation is too fibrinous, and when the hand feels that "cat's purring," we prefer iodium to take the place of the former. In endocarditis the action of spigelia attacks the motory apparatus of the heart, moderating and regulating its eccentric function; as soon as the heart is more calm, dyspnoea and fever diminish and the whole process retrogrades. As long as the inflammatory products are not entirely relieved, palpitation and dyspnoea continue in a moderate degree, and spigelia must be also continued at longer intervals till all local manifestations have ceased, and disturbances in the valves will rarely be observed. A few cases as a demonstration:

A workman of thirty-six years, who two years ago passed through a rheumatic fever, suffers from it again for the last eight weeks. For three weeks has had pericarditis, and, notwithstanding old-school treatment he is getting worse. Severe stitching pains in cardiac region, the heart's beat felt and seen; dyspnoea at every motion in bed; oppression and anguish in chest, cyanosis of upper lip; dulness on percussion increased in the longitudinal axis of the heart\*; friction murmurs; pulse weak, 120; much sweat; urine with dark-brown sediment; sleepless-

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\* What does the writer intend by this expression? Is the sign abnormal?—Ed. H. M.



ness; no appetite; other functions normal. *Spigelia*, 3, two drops every two hours. Steadily continued for three weeks with a perfect cure.—Dr. Hansen, *A. H. Z.*, 113, 1.

A boy of ten years had articular rheumatism three years ago, a relapse the next year with abdominal pains and palpitations, followed by dropsy. Another relapse six weeks ago; severe pains in all extremities, hands stiff, cannot move fingers; pressing, cutting pains in abdomen, under lower ribs; terrible palpitations, which can be felt and heard and cause pain in the back; off-and-on cutting pains towards shoulders, head and arms; excessive dyspnoea with great oppression, and sweat of anguish; great emaciation; eating aggravates the pains. After failure of old-school treatment *spigelia* 30, three doses, one every seventy-two hours, followed by the same dose every two weeks, restored him fully in the course of three months.—Dr. Weber, *Archiv.*, 16, 1, 52.

We differ from Kafka, who considers *spigelia* only indicated in recent cases, and opposes its use in hypertrophy of the heart, especially when combined with valvular affections and stenosis of the ostia and insufficiency. The compensatory hypertrophy ought not to be meddled with, and *spigelia* 3, reduces the action of the heart. But how it is with the higher potencies? Jahr witnessed in similar conditions good effects from his thirtieth potency. Buchner, in his *Essay on "Morbus Brightii,"* p. 72, remarks: "*Spigelia* suits in the beginning of left-sided hypertrophy from rheumatism, with blowing murmur of the mitralis, subacute inflammation of the aorta, with rheumatism and pseudo-rheumatic pains of the joints, and when we detect only traces of albumen and renal elements in the urine."

Salicylic acid and *digitalis* are the heroes of the old-school—dangerous weapons; and that old master, Schoenlein, feared the atony and debility produced by *digitalis*. A close relation of *spigelia* may perhaps be found in *cactus grandiflorus*, and, perhaps, some colleague might find time to give us the differential points between these two grand remedies in diseases of the heart.

#### TANACETUM VULGARE.

[Translated from *L'Art Medical*].

BY S. LILIENTHAL, M.D., OF SAN FRANCISCO, CAL.

Dr. Peyrand de Libourne experimented with different species in 1872, and found among others one which resembled absinthe. It was extract of *tanacetum vulgare*, which goes also by the name "Horse-

absinthe." Injecting two drops of that species in the veins of a well-sized horse, the animal was taken in about twenty seconds with intense convulsions. It shot forward, rebounded and fell generally on its left side, when it became convulsed in all its muscles; the teeth gnashed, it bit its tongue, abundant saliva run from its mouth, sometimes bloody, mucous membranes discolored; involuntary defecation and urination; respiration spasmodic, accelerated (115) so that asphyxia threatened. They diminished for a few moments and then were again as severe as before. Any noise near the ear of the animal made it tremble as it happens in strychnine poisoning; certainly the sense of hearing was very excitable. It did not lose consciousness, for when holding a stick before its snout it bit it with all its force, and the animal could be raised up without letting it go. This action of biting was voluntary and distinct from the convulsive motions of the jaws. The animal bit its paws, and when turned over it helped itself with its teeth to regain its old position, and its body in opisthotonos often described half a circle under the influence of the convulsive shocks. This tanacetic convulsion lasted fifteen to sixteen minutes, and even longer, with larger doses. With still larger doses the animal died in asphyxia. The toxic dose was never larger than three or four drops. The convulsive period was succeeded by coma for two or three hours, during which the animal was insensible to every excitation. After waking up it felt as well as ever. We found out that the essence of tansy is rapidly eliminated by the lungs. We must also mention the hoarse cry constantly present during the tanacetic convulsion, for we also noticed this cry in the epileptic convulsions of the essence of absinthe and of Japan camphor, its isomeric relations. Still tanacetic fits differ greatly from these others; consciousness is not lost, and it is always followed by long coma. The biting propensity is voluntary and the sensory functions are rather exerted, even holding a mirror before the animal aggravates the convulsions. It also differs from them, as these isomeric relations arrest the glycogenic function of the liver, whereas under *tanacetum* we always found, immediately after death, or twenty-four hours afterwards, considerable quantities of glucose. Bromide of potash, given before the poisoning, does not prevent the convulsions, as it does when camphor or absinthe is employed. All of them produce a rise of temperature, the ears of our horses were hot, their veins swollen and turgescient; rectal 39.9 rose to 40.2 in an hour.

Autopsies revealed congestive warbling of the lungs, with tendency to inflammation of the pleura, infarct of the liver and genuine hemor-



rhages. The trachea and bronchi of animals dying in convulsions were full of foamy and bloody mucus, as seen in hydrophobia.

The type of tanacetic convulsions simulates greatly the symptoms of hydrophobia: hallucinations, convulsions without loss of consciousness, opisthotonos, spasms of the muscles of the pharynx, larynx, of the whole thorax, abundant salivation, asphyctic manifestations, sensory excitability, tendency to bite, the characteristic hoarse cry, diminution of sensibility and motion, foamy and bloody mucus in trachea and bronchi, transitory paralysis, sub-pleural hemorrhages, infarct of liver. It comes nearer to the tetanic than to the epileptic type. And as we have hardly any reliable drug for hydrophobia, it may be worth while to keep tanacetum in our memory.

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## Abstracts.

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THE THEORY OF DYNAMIZATION.—In a recent lecture on the *Organon*, Professor T. F. Allen, M.D., of the New York Homœopathic College, presented his views of the subject of dynamization as follows:

“To-day I ask your consideration of Hahnemann’s theory of the spirit-like essence of drugs, which he considered to be the only means whereby the vital force of the individual could be modified, that is, in health made sick or in disease restored to health. Do not confound the words ‘spirit-like essence’ with the idea of a spirit. It is not necessary for us to go back to the childhood of the human race and suppose that in every stick and stone and clod of earth is a spirit which determines its form and nature; but it is necessary for us to conceive of some sort of force inherent in every substance, whether animal, vegetable or mineral, which determines its material form and properties. Has anyone of you thought for a moment of the difference between a particle of white arsenic and a particle of flour, so similar, yet so unlike? What is there in this particle of white substance which determines its poisonous property, and gives it all the peculiarities which we term arsenic? It is composed of atoms and molecules similar to the atoms and molecules in any other substance, but so grouped as to give it peculiar poisonous properties. We may subdivide these atoms and molecules to the utmost limit, and still the properties of arsenic remain. If we were to destroy these molecules of arsenic, would there anywhere exist a spirit-like force which animates

them in a manner similar to the spirit-like force which animates our human bodies, and which are able to exist independently of the molecules and atoms of which we are composed? What can determine the nature of arsenic? It may be stated that possibly the peculiar grouping of the atoms, or the peculiar force which determines oscillation, or orbital motions in these atoms may in some manner determine its properties and its effects upon the human body. What this force is and how it is associated with the molecules and atoms of arsenic no man can tell. Substances similar to arsenic and to other poisons may be manufactured by the chemist in his laboratory from the simple elements, may come to possess poisonous properties, that is to say, they may become endowed with a spirit-like essence. This spirit-like essence is then associated in some way with the molecules and atoms of the substance. The size of atoms and molecules is pretty well determined. It is within bounds to say that if a pin's head were magnified to a globe of the size of the earth, each one of the atoms would be perfectly visible and appear to be approximately of the size of buck-shot. If this be true, as stated by most natural philosophers of our time, then a centesimal dilution of a drug will somewhere, about the twelfth dilution, represent the extreme divisibility of an atom; in other words, one drop of the twelfth centesimal dilution will contain one atom of the original substance. After this point is reached it is probable that there is no longer any atom or molecule of the original substance.

Does, then, medicinal power of the drug cease with the twelfth dilution or thereabouts?

Hahnemann's theory of dynamization is that when a substance is subdivided and at the same time agitated by trituration of the dry substance, or by shaking of the liquid, the spirit-like force of the substance is increased, and thereby made more ready to act upon the vital force of the individual. It is by some also supposed that with the subdivision of the material substance and its continued agitation, the spirit-like force may be in a measure or even completely separated from the original atom or molecule, and transferred to the substance with which it is triturated or shaken.

This doctrine of the transference of the spirit-like essence of drugs is to my mind unthinkable. While formerly I indorsed it as a possible working hypothesis, on account of the supposed action of dilutions above the material subdivisions of atoms and molecules, yet it is so at variance with all known laws of philosophy and so incapable of actual demonstration that I have been obliged to abandon it. Shall we then



entirely abandon our faith in the action of potencies above so-called material limit?

No man living dares say that he knows of what matter consists, or where is the limit of the divisibility of matter. Atoms and molecules represent the combining properties of substances, and furnish chemists a good working basis. It seems that by means of atoms and molecules matter becomes, if I may use the word, material, and these material manifestations of substances seem to be definite in different substances. But no man at the present time supposes for a moment that the atoms and molecules constitute the material basis of the universe. The truth is that atoms and molecules oscillate in large orbits in a sea of universal ether very much 'as fishes swim in the ocean, only their oscillations are more circumscribed and definite. To explain the simple phenomenon of light, it is absolutely necessary to suppose the existence of an ether which fills the whole universe, the construction of which is as much more subtle than that of atoms as that of the fish is more gross than the atoms of the water in which he swims. It is necessary to suppose that this ether is an elastic solid, that an impression at any one point of the universe pervades the whole ether to its extremest point; more than this, it is impossible at the present time to explain the laws of electricity except on the supposition that it is a fluid permeating the whole universe, permeating this elastic ether very much as water permeates jelly.

So, gentlemen, when a man or body of men resolves that the subdivision of matter ceases with the tenth centesimal dilution or with any other dilution with which we are acquainted, it seems to me, and it seems to you, to be the ignorant expression of prejudiced minds. It is absolutely impossible at the present day to know of what matter consists, or what are its limits of divisibility, just as impossible as it is to know what force is or how it is united with matter, or whether it be not, indeed, identical with matter.

I speak of these things simply to caution you against bigotry and narrow-mindedness, to express the hope that your minds will ever be open to conviction, ever ready to receive the truth from whatever source it may come.

In former years I have expressed my belief in the actual power of drugs in potencies as high as the thirtieth, two hundredth, or even higher, to cure disease; but on attempting the demonstration of the effect of these potencies upon healthy individuals, I have confessed in public that I have been unable to do it, and I have also stated my conviction that the treatment of the sick with potencies, well within

the material range, is quite as successful, or even more so, than the treatment of the sick with potencies above this range. But I would be the last to declare that because I have failed to demonstrate the power of the thirtieth and two hundredth on healthy people to my satisfaction, therefore there can be no good in them; this would be an wholly indefensible and unwarrantable position to take. I can only tell you to-day when asked the question, that I do not know, nor does anybody know. The question has not been proved; it is still an open one."—*Homœopathic Physician*.

LEPROSY.—Without any desire to prolong a discussion which may become wearisome to those who are not interested in dermatology, I would like to take a "parting shot" at the subject of leprosy. After several years study of this disease, and with some personal experience, I have come to the following conclusions:

1st. Leprosy is an endemic disease, malignant, constitutional, progressive; evidenced by tubercular degeneration of the tissues, and accompanied by anæsthesia, ulceration, and gangrene; terminates in death from exhaustion, pyæmia, or rupture of the arteries.

2nd. That it is due to a specific bacillus, I consider an unsettled point. While I am not a non-believer in the germ theory of disease, I do not consider the evidence at present at our command sufficient to warrant us in stating positively that leprosy is due to a certain bacillus.

3rd. That leprosy is contagious only by inoculation, the direct transmission of the virus into the blood of healthy persons. This assertion does not exclude the transmission of the disease by clothing, tools, etc., which have been used by lepers. A person suffering with leprosy should be informed of that fact *as soon as a diagnosis is made*, that proper precautions against inoculating others may be taken. Segregation I do not think necessary any more than in syphilitics; although I do not doubt but that it would be of much benefit to the world if both were wiped from the earth. Every case of leprosy of which I have heard, developed in persons who had come in contact with lepers; and this, with the fact that it is seldom we find a person whose skin is without some solution of continuity, would give ample cause to suspect inoculation, and not atmospheric transmission of the contagium. Mr. Fletcher's cases at Cape Breton; Dr. Hawtrey Benson's cases in Dublin, Ireland; Dr. White's cases in New Orleans; the cases reported by Farquarson in Iowa, and numerous others, all admit of inoculation much more readily than any other method. Prob-



bly if a full history of Dr. Bulkley's cases (*Medical Record*, 1881) could be had, a previous leprous element would be discovered. If atmospheric transmission be admissible, are there not very few people susceptible, for the number of cases in proportion to the population is very small?

4th. The disease is practically limited to people living upon a fish diet *along the sea-coast*. Every locality notable for its lepers has considerable sea-coast, and the lepers are residents of sea-coast towns, *i. e.*, within a short distance of the sea or salt water. In my work on the West African coast I noticed that all of the lepers belonged either to the Droo and Bassa tribes (both sea-faring), or to such parts of other tribes as lived along the sea-coast. As soon as I penetrated the interior the disease became unknown, as the natives knew it only by hearsay. Many men from the interior and Kong Mountain region were questioned, and all denied any knowledge of the disease, and when cases in the different stages were shown them they did not recognize it.

5th. It is incurable. The best treatment is only palliative. In this connection I would say that my experience with iodide of potash, iodoform, mercury, and other so-called anti-syphilitics is as satisfactory as with oil chaulmoogra and other rarer and costlier drugs.

6th. The average life of the leper, after the full development of the disease, is from ten to fifteen years. This does not include the prodromal stage. Some cases die sooner, and some live much longer.

7th. The period of incubation is less than one year; the prodromal stage may last for five or more years. Leontiasis may develop in twelve months, and may be the only hint of the latent disease for years, until some exciting cause brings it out.

8th. Hereditary leprosy does not usually develop until the age of puberty, unless there be some exciting cause. This exciting cause may be inflammatory skin disease, suppurating wound, or prolonged illness. Numerous children, congenitally leprous, have come to my notice, who showed nothing except a slight leontiasis. Several of these I have seen develop into typical lepers within a few months after reaching the age of puberty—usually ten to twelve years in the tropics.”—RALPH H. J. PERRY, M.D., in *Medical Register*.

NERVOUS ORIGIN OF RHEUMATOID ARTHRITIS.—At the meeting of the Royal Medical and Chirurgical Society, on November 22d, Dr. Archibald E. Garrod read a paper on this subject, of which the following is an abstract: “Some of the arguments which have been put

forward in support of the view that rheumatoid arthritis is a disease of nervous origin, are examined in the light of a large number of cases. The statistics given are based upon a series of five hundred cases. Arguments are adduced in support of the following propositions: 1. That the cause of rheumatoid arthritis are such as might be expected to act upon the central nervous system. 2. That the distribution of the lesions is such as would be likely to result from nervous lesions. 3. That the distribution of the lesions is similar to that of certain anarthropathies of spinal origin. The influence of hereditary is first discussed. In 216 cases out of 500, there was a family history of joint disease, sometimes of more than one variety. There was a history of gout in 86, of probable gout in 10, of rheumatism in 64, and of other conditions which may be classed together as probably rheumatoid arthritis in 84. These figures can only approximate to accuracy as they are based upon information given by the patients. The influence of uterine causes is next discussed, and it is shown that when the female cases are arranged according to the age of the patients when the diseased commenced, there is a steady increase in number up to the period of menopause, and a steady decrease after that period. Amongst the male cases there is no such regularity. Of the 500 cases, 411 were women, and only 89 men. The influence of anxiety and care, mental shock, injuries, damp, cold, and previous rheumatic attacks are discussed, and each of these is shown to have a share in the causation of the disease. Stress is laid upon the extreme symmetry of the joint lesions in rheumatoid arthritis, and some examples are adduced. Reasons are given for believing that there is a tendency for the joint lesions to advance up the limbs from the periphery towards the trunk. This order of invasion is by no means constant, but in particular instances it is well marked. In the localized form of the disease, it is, of course, absent. The knees rank only second to the hands in liability to rheumatoid arthritis. Lastly, it is shown that there is a close resemblance between the distribution of the joint lesions in rheumatoid arthritis and in the recorded cases of arthritis following spinal concussion, whereas in mere local spinal injuries one or more large joints are usually affected, as in *tabes dorsalis*. The associated nervous phenomena, such as muscular wasting, increase of tendon reflexes, etc., are regarded as secondary to the joint lesions, and as therefore lending no efficient support to the theory of the nervous origin of rheumatoid arthritis. Sir Dyce Duckworth agreed with the views expressed in the paper. The morbid anatomy of this disease required very much more investigation than had at present



been given. Dr. Ord had been interested in this subject for many years. The joint troubles were to be regarded rather as symptoms than as the whole disease. He came to the conclusion that nervous influences had a great deal to do in the causation of this disease. He believed that nervous influence was reflected from the uterine organs to the spinal cord and on to the joints. The cord also exerted a primary influence. Injury might lead to a joint affection, and then the nervous system tended to propagate the joint change to other joints. He compared rheumatoid arthritis to progressive muscular atrophy. In a case of chronic cervical pachymeningitis, there was much muscular and cutaneous wasting, and later a remarkable degree of chronic osteo-arthritis developed. In another case of spinal injury joint trouble followed, at a long interval, the muscular wasting. Dr. Buzzard said that in association with Charcot's disease of the joints there was a much clearer evidence of disease in the central nervous system than was the case in rheumatoid arthritis. He alluded to the various crises and paroxysmal secretions occurring in *tabes dorsalis* as evidence of the involvement of the central nervous system in most cases. Eight years ago he promulgated the theory of a joint centre in the medulla oblongata, and he brought forward arguments to show that acute rheumatism might be an acute affection of the medulla oblongata. Dr. Herringham alluded to the belief, which he shared, that cold and damp were very potent causes of rheumatism and rheumatoid arthritis. Dr. Garrod, in reply, said that he should have classed Dr. Ord's case of myotrophy as one in which the arthropathy was due to definite nervous lesions, and therefore not of the same category as rheumatoid arthritis.—*Lancet*, Nov. 26, 1887.

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## Correspondence.

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### THE DISCOURAGEMENTS OF AUTHORSHIP.

DEAR HAHNEMANNIAN :—There is not much satisfaction to an author in writing for medical journals, but there is a heap of profit in it. There are probably very few writers who do not do a little studying up, while they are preparing a paper for *The Homœopathic Skyscraper*. This broadens one's conception of a symptom, leads into reflections upon relations between it and other symptoms, points toward coördinate cases and gives that paper and subject an individuality that is sure to fix it in the mind and make its lesson fruitful for years afterwards. One must be an extraordinary writer like Potter,

Jones, Wesselhoeft, Helmuth or Dake to attract attention and gain reputation. Even these men get little commendation for their brilliant diction in a direct and personal manner, the only way that it makes them feel good. The journals give notices of new publications, and, perhaps, a few flattering personal phrases, and then the author retires to the advertising pages and is lost in the crowd of aspirants for glory.

I am sure any one who has written much and well, will acknowledge that his best efforts have brought him little credit, *as far as he knows*, and his position has been little but gall on his soul and ink-stains upon his pen fingers—except the improvement of his own mind and medical knowledge. So at the start the young writer may as well know that indifference and often jealousy await his efforts, and he is to write for his own improvement and the good of humanity. His facts will be assimilated by his readers, and his experiences will fashion the work of some, but he must be content to cast his bread upon the waters. Then he will find his positive knowledge accumulating constantly, and he will soon have the confidence and practice of his fellow-citizens. The writer may dismiss from his mind the idea of reforming the profession. It is too obdurate and conceited for reform, and shuts its eyes and ears to truths that are of great value medically and financially. I have examined many physicians' libraries and have found in a large majority absence of works upon the eye, ear, and throat. Not a special work could I find in these three special departments. On the other hand, there were lots of bound volumes of rubbish, medical magazines, library editions of effete mendicancy, and encyclopedian frauds by lilliputian big men. Isn't this shameful? I give this by way of example.

There are too many writers, too many journals, too many new books. Physicians are overwhelmed by the mass of printed matter that is brought before them in such a tempting way that they can not resist looking it over. The good articles are hidden by the bad; the many journals can be only skinned; the new books are put in the case and rarely read. The physician's time is very limited for reading. If he reads the article of a genius, he gets no time to speak of it, or congratulate the author. If he buys a "library" for a special purpose, he promises himself to read it up when he has some time. The profession and the people are being maddened by the printing press, and there ought to be reform. There is little sense in publishing a weekly medical journal. It does harm by taking time that should be devoted to carefully prepared work of a monthly, or to text books of standard



merit. Even skinning much medical rubbish is an injury to a good memory and systematic study. The remark of the celebrated Dr. Rush, of Philadelphia, about newspapers, applies to it: "The reading of newspapers is a teacher of disjointed thinking." The reader and skinner of to-day, the one who goes over much, is not so well educated and practical in his professional labor as the man who depends upon a small number of standard works and two or three carefully edited monthly journals. Will any one notice what I say? I hope the youngsters will. Then I may say more.

SHADY SIDE OF FORTY.

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"PURE HOMŒOPATHY VERSUS CRUDE DOSING."

PHILADELPHIA, January 13th, 1888.

EDITOR HAHNEMANNIAN MONTHLY:

At the regular meeting of the County Medical Society, January 13th, a paper was read by Dr. J. C. Guernsey upon the subject: "Pure Homœopathy *versus* Crude Dosing." The announcement that such a paper would be presented to the Society prompted me to set aside other duties to attend the meeting, in the hope that either in the paper or in the discussion that would ensue, I could learn something whereby to profit myself. I expected to hear a careful discussion of the merits of the two standpoints from which principally homœopathy is to-day viewed and practiced by its adherents, namely, the high and the low potency. In that discussion I had hoped to hear a *scientific* consideration of the *pros* and *cons*, in which statements as to the existence of facts would not suffice for the display of the facts themselves. But the hopes that illuminated my trip to the Society meeting were shattered, and I came away with my hunger after knowledge cruelly unappeased. The paper was nothing more than an observation of Dr. Guernsey to the effect that more *cures* were effected by what he termed pure homœopaths (high potentists) than by those who used crude drugs (low potentists, or as he unfortunately said in an "aside" during the debate, *mongrels*). There was not a single illustrative case mentioned, nor any array of facts to substantiate or prove his statements, and therefore, practically, the paper was not worth the foolscap upon which it was written, nor the time consumed in its reading.

The debate that followed was tame, because the burden of proof

rested upon the writer of the paper, and as he presented no proof, the members of the Society were wise in shying and evading debate. Prof. Mohr spoke in a guarded manner, and, in the right spirit, wanted more than the paper furnished, but Dr. Guernsey was either unfortified with the facts or did not care to divulge them, which was a pity.

Honesty of purpose must be accorded to high and low dilutionists alike, and the latter must admit the truthfulness of the former when he asserts that such and such a case got well *under* his high (say the 500 thous.) potency treatment, but he wants the evidence that it was *by* the potency. A paper read before a cultured and intelligent class of physicians as eager to solve the muted question as is Dr. Guernsey to have them solve it, should have penetrated deep into the realms of inquiry, and each step recorded with faithful accuracy.

Dr. Guernsey will confer an inestimable boon upon homœopathy if he will so present his views as to give them a scientific status.

The writer of this hurried letter confesses that he has no faith in his own ability to cure by the extremely high dilutions prescribed by Guernsey, Lippe, etc. He would not want to rely upon a diluted medicine to any extent in a case, for instance, of severe pain from the passage of a gall stone or a renal calculus. "Cruder drugs" give too much relief (in his hands) for him to trust to what has seemed to him a false reliance on highly diluted medicines. He does not deny that the high potentist cures by his infinitesimal potencies in which "no color is seen," "no odor smelt, nor nastiness tasted," to quote Dr. Guernsey, but he wants the proof before him that the pains referred to can be relieved as quickly and effectively, and the cure be made as thoroughly by the high potencies as they can be by medicines in more material doses.

The writer suggested to an old-school friend that he read Hughes' Pharmacodynamics to get a good idea of sensible homœopathy. In conversation a few days later with Dr. Lippe, my friend referred to the work, whereupon Dr. Lippe held up his hands in holy horror, crying, "Don't touch it; it is a sacrilege upon homœopathy"—so quotes, at least, my friend. Is it? If so, what is true homœopathy? And where is the book that teaches it? Has nothing been learned since Hahnemann died? Let us have the answer in a reply void of simple assertions and opinions, but giving the evidences that they are the fruits of true investigation.

Very truly yours,

"C."



## TREATMENT OF OBSTRUCTIONS IN THE LACHRYMAL CANALS.

EDITOR HAHNEMANNIAN MONTHLY :

In your December issue, 1887, there appears an article by Dr. H. C. French, of San Francisco, entitled "Treatment of Obstructions in the Lachrymal Canals," the last paragraph of which closes with these words: "My former partner, Dr. Peterson, I believe, is successfully using my plan, and will testify to its superiority over the heroic methods.

I can conscientiously recommend this plan of treating lachrymal obstructions, where formerly industrious probing was employed, but I object to the words "MY plan" for several reasons, and the fact that this identical mode of treatment was fully described by me, and appears in the "Transactions of the American Homœopathic Ophthalmological and Otological Society for 1884 and 1885, entitled "Conservative Treatment in Diseases of the Lachrymal Apparatus."

Also during the earlier years of the present decade, while Dr. French and myself were partners, we cast about for a method of treatment of obstructions of the lachrymal apparatus that would give better and surer results than slitting up the canaliculus and the use of the probe alone, and we finally decided upon a certain plan as promising and safe. At my suggestion kali bichromicum was selected, and I prepared the solutions used as injections.

The first case treated, as our books show, was a telegraph operator, and the result was eminently satisfactory in every respect. In my published article, above mentioned, I shared with my partner whatever credit there might be due in this operation, and now, years later, I am unable to understand the basis of the claim of Dr. French to sole and original discovery, and I am surprised at the silence upon my published paper that covers the same ground. At the time of its publication the cures were numerous enough to stamp the method as a grand success, and up to the present moment it has failed me neither in my private practice, nor in my college dispensary clinic, but my chief aim in this communication is to have what is in justice due me, and to set forth the facts as the records show, and to endorse the sentiment that counsels caution in the use of the "iconoclastic knife."

DR. A. C. PETERSON, O. et A. Chir.,  
San Francisco.

## Editorial.

### ADOLPH LIPPE, M.D.

Adolph Lippe, M.D., the first editor of *THE HAHNEMANNIAN MONTHLY*, departed this life on Monday, January 23, 1888. A notice of the deceased will be found on page 126.

### "DOGMATIC DOCTORS."

Within the past few weeks, there have departed from the stage of action, two figures of much prominence in the drama of American medical history, Professor A. B. Palmer, of Ann Arbor, Michigan, and Dr. Adolph Lippe, of Philadelphia, the one an allopathist, the other a homœopathist. As opposite as the poles in their medical belief, these two men were strangely alike in some of their moral and mental characteristics. Both were students, earnest, persistent, evidently conscientious. They investigated the same human structure and the same bodily functions; they studied the properties of the same drugs; they observed the progress and tendency of the same diseases; saw the same morbid phenomena; sought and toiled for the same philanthropic end; were discouraged by the same failures and cheered by the same successes; in a word their lives ran in grooves nearly or quite parallel with each other. Yet we see these two student-toilers, holding creeds almost the diametric antagonisms of each other, and each asserting, with all the fervor of his fervid nature, that he alone was right and wise, and that the other was wrong and foolish—not to say dishonest. Indeed, had these two men met—if common rumor speaks truth—one of them would have refused the common courtesy of a salutation,

and the other would not have felt particularly insulted by the slight; so strongly were their personal feelings in sympathy with their opposing creeds.

We are compelled to admit that such wide divergence of beliefs as these two men represented is not explainable upon a basis of mere observation and experiment. The observations made by physicians in a life-long practice are too multitudinous, and the laws and principles by which these observations are mentally classified and arranged are too few and simple, to admit the possibility of leading one intelligent mind in a certain direction, and another, equally intelligent, in an exactly opposite one. On one side or the other, possibly on both, there must have been other influences at work to aid in determining the strange intellectual result. What these influences are, and how their domination can be prevented, are questions affecting the future of medical progress most vitally.

If a clear-headed, logical student of general science, open to conviction, were asked to determine his medical views, or to decide his choice of a system of medical practice for himself and his family, by the opinions of either of the gentlemen named above, he would almost certainly decline the suggestion. Naturally he would presume that a creed which could so profoundly affect the personal feelings of the believer would be reciprocally modified by those feelings. Such a creed he would inevitably reject as unreliable, until corroborated and supported by the evidence and testimony of more impartial observers. In these days of advancing enlightenment, the proselyting influence of an intense medical partisanship is ever waning, waning; and the partisan



himself, however successful he may be for a time, is by no means the heroic figure he once was in public or professional esteem.

Most likely we shall have to seek more than one cause ere we can explain the dogmatic adherence of physicians to one or the other of two antagonistic doctrines. One of these causes is certainly to be found in the fixity of the beliefs acquired before the study of medicine is begun. Men decide, at the start, that a certain medical doctrine is true, or that it is untrue, and *then* begin a course of study based on that decision. The utter absurdity of such a method, and the certainty that it must and does lead many astray, needs to be only stated; the facts are sufficiently evident. Whose fault is it that the young man or woman makes such an initial error? Nobody's, perhaps. Whose fault, that the error imbibed in ignorance is perpetuated and even strengthened, in spite of education and observation? Let preceptors, and authors and professors answer—if they can. Let medical journals, and especially medical societies, answer—if they dare. The homœopathic student is enjoined to distrust, perhaps to hate, nearly or quite everything in medicine save homœopathic theory and practice, plus a few other expedients in more or less common use among his elders. The allopathic student is taught, with equal vigilance, that under no circumstances is it "allowable" to indulge in anything which apparently savors of homœopathy, save that he may use such homœopathic medicines as may have been—well, *transferred*—to allopathic text-books. Let these young men ask—fortunately they don't ask—by what authority, or on what recognized principles of medical science, these interdictions are imposed, and one would be answered, "By the authority of the Organon," and the other, "By the authority of the Ameri-

can Medical Association." He is to be guided, whether allopathist or homœopathist, not by his own interpretation of the teachings of science, but by somebody else's interpretation. Worse than all, the utmost effort is made in some instances to excite and strengthen in him every possible prejudice against this or that mode, or system, or doctrine.

It will perhaps be said that the student ought to be, at least to some extent, influenced by the judgment of his teachers. True, if his teachers have themselves escaped from the leading-strings of *their* teachers: otherwise the question is not so easily decided. If it be asserted that the influence of a teacher, simply because he is a teacher, should influence the whole after life of his students, or if it be said that the influence of the teacher's judgment should bear a feather's weight as against the teaching of an established and demonstrable *fact*, those of us who desire to see medicine make progress will at once demur.

Dogmatism may be useful and even necessary in theology or in law; but in natural science, and especially in medicine, it is palpably out of place, and its presence should not be tolerated. Medical creeds should be based on medical facts; not on legislation, neither on a sentiment of respect for what is termed medical authority. If medicine as an art and as a profession could be divested of the artificial trappings that prejudice and intolerance have thrown around it, a student—any student—could follow the suggestion of the homœopathic code of ethics—could acquire "a thorough and complete knowledge of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine," with the almost absolute certainty that his creed, based on this broad knowledge, would be as nearly correct as mere uninspired creeds

are likely to be; but then—but then—what would become of the sects?

The persistence of medical prejudices, spite of education and spite of a lifetime of observation, speaks volumes for the strength and stability of the prejudices, but it does not speak well for our system of medical education. Ridicule, denunciation, vituperation, proselytism, are unworthy of a place in a medical college or a medical society; but we who represent the minority in medicine are practically compelled to resort to them because of the unprofessional tactics, and unscientific weapons employed by the opponents of medical liberty and progress.

#### PRACTICING "BOTH WAYS."

The *Peoria Medical Monthly* administers some vigorous and well-deserved castigation to that class of M. D.'s who, boasting that they have "studied both systems" of medical practice, profess to "doctor any way their patients wish." It charges the questionable business upon certain of the professed adherents of all the schools, homœopathists, allopathists and electics, and characterizes it as one of the most contemptible forms of quackery that can be adopted.

And then in the same article our contemporary comes exceedingly near to the very form of arrant pretension it so strongly deprecates. It says that "physicians should endeavor, as opportunity permits, to impress upon the minds of their patrons that regular medicine is not a pathy; that all schools (systems?) are open to it; that the whole range of therapeutic measures is open to their use, and that whatever is proven to be of benefit to suffering humanity is permitted to them to use."

In other words, allopathic physicians should be guilty of the same vain-glorious boasting and pretense that are so disgusting in physicians of other schools.

And in doing this they are not even required to adhere strictly to facts. They can with perfect propriety say that they are "permitted to use the whole range of therapeutic measures," even though their published code of ethics expressly declares that they are *not* "permitted" to do any such thing.

And yet "permitted" is good. "Permitted" is appropriate. The "regular" (?) school is peculiarly the school that practices by permission. Its members take orders from their societies, and if they live up to their professions they obey their masters implicitly. Yes, "permitted" is good—good for an allopathist; but the independent physician proposes to get along without it.

#### Notes and Comments.

Montreal cremates her garbage.

Detroit cremation costs you \$25.

Cocaine is being sophisticated with borax.

Egyptian embalming cost the unfortunate mummy \$2500.

The *California Homœopath* will hereafter be issued monthly.

Paris contemplates four suburban hospitals for contagious diseases.

A druggist was recently applied to for "enough ipecac to throw up a girl four years old."

Tincture of iodine has relieved the vomiting which sometimes supervenes after labor.

There are about one thousand opium smokers in New York city, not including Chinese.

Eleven arrests and convictions for defective plumbing have recently occurred in New York city.

They have a Dr. H. N. Martin at Johns Hopkins University. Bet he can't prescribe equal to ours.

Professor Ludlam calls attention to a craving for an exclusive meat diet as a reason for suspecting diabetes.



G. W.—First in war, first in peace, and first American recorded as having perished from œdema of the larynx.

A recent medical writer describes "some unusual muscular anomalies." We thought anomalies were usually unusual.

Dr. Jno. F. Beaumont of Minneapolis, Minn., recently lost his only daughter, Alice, after a few days illness of diphtheria.

The excessive use of sugar is said to be a predisposing cause of catarrhs of various parts of the mucous membrane, and of eczema.

Traumatic tetanus is sometimes infectious. The virus is contained in the medulla and spinal marrow.—E. O. Shakespeare, M. D.

"I cannot conceive of a more impolitic tax than one on medicine. The very worst time to tax a man is when he is sick."—*Druggist and Chemist*.

A Swiss girl of twenty-two recently voided ninety tape-worms at a single sitting. Two six-gramme doses of extract of male fern did the business.

"I worked twelve years for bread, twelve years for butter, and twelve more for the luxuries of life."—Sir Andrew Clark.

To learn to smoke opium, chinese fashion, requires two months of daily practice. What determined fools some fools are:

A Homœopathic college has been organized at Bogota, New Granada, S. A. Its first session begins about the middle of February.

Forty-four homœopathic physicians were licensed to practice in California during the year 1887. This is rapid progress. How many other States have equalled it?

*Red hawthorn*.—A strong decoction of the root has been successfully used internally in arresting hemorrhage caused by uterine fibromata, after the usual hæmostatics had failed.

"It is the duty of the medical profession to encourage all healthy parents to have children, and the unhealthy ones to have as few as possible."—Dr. F. R. Brunner in *Medical Register*.

A young man recently entered one of our drug stores and asked the proprietor for a dose of castor oil for his wife who had just been *confound*. He proposed to take care of his tenses.

Pruritus vulvæ during gestation can often be relieved by the application of cloths wrung out of hot (not warm) water to the parts. But the cure is another matter.

The late Dr. J. Marion Sims lost his first two patients. They had summer diarrhœa and he had Eberle's prescriptions. Then he threw his sign into a well, went back to college and studied medicine.

Sore, bruised feeling in the uterus, with great relaxation of the vaginal tissues—apparent lack of tonicity of pelvic contents. Aggravated by standing, walking, a misstep or a sudden jar; lappa major.—See *Medical Advance*.

"The great error made by practitioners in treating skin diseases is failure to treat the patient; the disease is treated, not the patient."—Dr. Geo. H. Fox. H'sh! Don't say anything to startle him. He'll be a homœopathist after a while.

Philadelphia contemplates the addition of several "open squares" or small parks, to the eight or ten she already possesses within the built up portions of the vast city. These breathing spaces serve a most useful sanitary purpose, and popular sentiment strongly endorses the proposal to increase their number.

The proprietors of a patent medicine in New York were placed under arrest recently, for associating the name of a prominent physician with their preparation. In case of their conviction the maximum penalty is two years imprisonment and \$1000 fine.

The California *Homœopath* has become a monthly. Drs. Boericke & Dewey, the energetic editors, are to be congratulated, not only on the quality of the journal they are producing, but also on the great good they are accomplishing through its publication.

The Clinics of the Hahnemann College of Philadelphia this winter are said to be the best in its history. So much for its one hospital building. During next summer a second building will

be completed, increasing the hospital capacity to a total of nearly ninety beds, as against its present twenty beds.

A friar met some medical students, who asked him—"Do you know the difference between a friar and a jackass? Give it up?" "Yes, I give it up!" "Well, one wears a cross on his breast and the other on his back." "Now" said the friar, "Do you know the difference between a medical student and a jackass?" "No," said the student. "Neither do I?" said the friar. This story is *not* old. The old one was about a sailor. Substituting a student improved it wonderfully, and made it as new as the latest improved pessary.

Intense photophobia, without inflammation; pains on looking to either side; visual power decreased; eyes tire more readily than formerly; heaviness of the lids—ptosis. Gelsemium 30, relieved all the symptoms except the last mentioned—*Hom. Recorder*.

Dr. J. Robinson, of Kansas, in the *Therapeutic Gazette* declares that compression of the superior coronary branch of the facial artery at the point where it crosses the superior maxillary bone, just below the alae nasi, will arrest epistaxis in nine hundred and ninety-nine cases out of a thousand. The artery must be firmly compressed against the bone with the finger. When the compression is properly made the effect is instantaneous.

A certain brand of beer is being extensively advertised as having been endorsed by the Pennsylvania State Board of Health. We desire to say that the said board has not endorsed the above-mentioned brand of beer or any other. It is not in the endorsing business.

A suggestively named Frenchman—M. P. Topinard, is said to be engaged in the preparation of "a complete map, or census, in which the different shades of hair and eyes of the French population will be indicated by arrondissements." Then we shall have no need to inquire for the white horse locality.

Dr. Harley, the distinguished writer on diseases of the liver, in a recent essay shows that moderate drinkers—"nippers"—exhibit a mortality from liver disease six times greater than do total abstainers.

A blarsted Britisher has invented a device to impoverish the medical profession. It is nothing more nor less than a vaccinating machine, and consists of a combination of a toboggan, a circular saw, a "dabber," a calf, and a line of victims *en route* down the slide. The bared arm is placed on a sort of rest, and as the subject passes the buzz-saw he is properly scarified. At the next stage the "dabber" receives its virus from the calf—the juvenile bovine, that is—makes a half-revolution, and inserts it with neatness and dispatch, particularly the latter. The toboggan never stops, but carries the happy subject on to the shield affixer, and lands him at the bottom with a duly attested "certificate" in his hand. It is enough to make a yankee turn green with envy. The machine is depicted in the *Druggist and Chemist*.

"Take the practice of general medicine; diseases are named, and under their names they are treated." *Peoria Med. Monthly*. Speak for yourself Mr. *Monthly*: Scientific Medicine—by which is meant Homœopathy—never treats diseases by name.

Lateral lithotomy in boys has resulted in 32 deaths out of 837 cases reported; equal to 3.82 per cent. Assendelft, a Russian surgeon has just reported 102 epicystotomies with but two deaths. But reports of other operators do not present this latter procedure in so favorable a light.

The Professor of Surgery at the Missouri Medical College is, in religion, a Hebrew. Recently he said, "I am not in the least narrow or sectarian, gentlemen; indeed I am extremely liberal, but I draw the line at homœopathy. Homœopaths are frauds whom you ought not to recognize, or in any way associate with."

If a Christian minister should rise in his pulpit and, addressing his congregation, should say: "Brethren, I am opposed to all sectarianism; indeed, I am noted for the liberality of my opinions, but I draw the line at a dirty Jew. Jews are scamps, whom no self-respecting Christian should in any way recognize or associate with,"—what would the Hebrew professor think of him? That's just what we think of the Hebrew Professor!—*Clinical Reporter*.



And now, Dr. A. T. Frisby, of Milwaukee, formerly resident in the "Women's Homœopathic Hospital" of Philadelphia, comes out with a positive denial that the cod-liver oil, ergotin, morphia, strychnia, aloes, etc., found in the hospital, were ever used, or ever intended to be used by the medical staff of that institution. They were simply samples left by agents, and were thrust into a closet with empty bottles, waste paper, and other rubbish, and "where no medicines intended for use were ever kept." In the face of this statement, the misrepresentations so industriously circulated against the hospital staff, will need some new basis of plausibility.

Mr. Jonathan Hutchinson, after referring to the fact that arsenic when long used, may lead to the development of soft corns on the palms or soles, states, that, in his belief, arsenic may also produce or at least be an exciting cause of epithelial cancer. Sir James Paget held the same view. This will be joyful news to our homœopathic brethren. *Medical Record*, Jan. 7, 1887.

No news at all Brother Shradly; we knew it long ago. Nor is the recommendation of sulphide of calcium in phthisis on page 12 of your current volume, a *remarkably* new discovery. Dr. Hering (and the good old man died *seven years ago*) used to say that hepar was a frequently indicated remedy in the early stages of phthisis. Keep on and you will edit a homœopathic journal by-and-by. You have improved immensely ever since you read that number of the H. M. with pleasure and profit.

### New Publications.

**FEVER-NURSING:** Designed for the Use of Professional and other Nurses, and especially as a text-book for Nurses in Training. By J. C. Wilson, A. M., M. D., author of "A Treatise on the Continued Fevers;" Visiting Physician to the Philadelphia Hospital, and to the Hospital of the Jefferson College; Fellow of the College of Physicians, Philadelphia; Member of the American Association of Physicians, etc., Philadelphia: J. B. Lip-

pincott Company. 1888. Pp. 201. Price, \$1.00.

This book contains the substance of a course of lectures delivered before the nurse class at the Philadelphia Hospital. It treats in a practical manner of the care of fever patients, the minutest details being touched upon. The efficacy of external antipyretics, such as cold sponging, packs, compresses, enemas, etc., is particularly emphasized. "Under this treatment bed-sores are less frequent," it has also a favorable effect upon the nervous system.

The closing chapters of this little work give a description of the symptoms and course of the various febrile disorders.

**A MANUAL OF MEDICAL JURISPRUDENCE,** with Special Reference to Diseases and Injuries of the Nervous System. By Allen McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, etc., etc. New York: E. B. Treat. 1887. Pp. 390. Price, \$2.75.

This treatise, which was prepared for the use of physicians and lawyers, considers those conditions of the nervous system which are often the basis of litigation. Insanity, its varieties and manifestations, is treated of at length, and cases are quoted in which legal proceedings arose from this cause. Several chapters are devoted to hysteroid states, feigned diseases, alcoholism and epilepsy, and their legal associations. Suicide and the principal modes of death are discussed, also cranial and spinal injuries receive considerable attention. The latter give rise to many suits, some of which are fraudulent.

**CHEMICAL ANALYSIS OF HEALTHY AND DISEASED URINE.** Qualitative and Quantitative. By T. C. Van Nuys. Professor of Chemistry, Indiana University. With thirty-nine Wood Engravings. Philadelphia: P. Blakiston, Son & Co., 1888. Pp. 183. Price, \$2.00.

This Manual on urinalysis is very comprehensive and treats in a brief, concise manner of the various tests employed, many of which are rendered clearer by the presence of the excellent cuts which illustrate the text. We need refer merely to the tests for one abnormal constituent to give an idea of

the scope of the work; Albumen for instance, is found in a specimen, but this is rather indefinite so by means of the tests given in the book before us we proceed to separate the albuminous bodies present and discover whether we have serum albumen, globuline, hemialbumose, peptone or mucine.

Physicians and students giving special attention to this branch will find a valuable addition to their library in this work.

B. W. J.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER, Comprising the Theory, Therapeutical Application, Materia Medica, and a Complete Repertory of these Remedies. Arranged and Compiled by William Boericke, M. D., Professor of Materia Medica, and Therapeutics in Hahnemann Medical College of San Francisco, Editor of the *California Homœopath*, etc., etc., and Willis A. Dewey, M. D., Professor of Anatomy in the Hahnemann Medical College of San Francisco, etc., etc. Philadelphia: F. E. Boericke, Hahnemann Publishing House, 1888. Pp. 300. Price, \$2.50.

After a careful examination of the book before us for review, we find expression in the words of Dr. C. Hering: "Schussler has stumbled upon a great truth," and hope that this comprehensive work on the subject may prove an impetus to a more thorough investigation of the claims of the "tissue remedies." More than half a century ago the value of these remedies was suggested. In *Stapf's Archives*, in 1832, the following statement appeared: "All the essential component parts of the human body are great remedies," but it remained for Dr. Schussler to develop these facts. In March, 1873, an article of his appeared in the *Leipzig Homœopathic Gazette*, entitled "A Shortened Homœopathic Therapeutics," in which he advanced his views on "*bio chemical treatment*," which is based upon "the physiological fact that both the structure and vitality of the organs of the body are dependent upon certain necessary quantities and apportionment of its inorganic constituents, which are those that remain after combustion of the tissues—its ashes."

Analysis proves that these twelve salts enter largely into the composition

of many of our well-known and proven vegetable remedies, and that such remedies present symptoms similar to those produced by the different constituent salts, for example: Ferri-phos. is found in aconite, and is indicated, as the latter drug is, in the first stage of inflammation, without exudation. "Could we have an exact quantitative and proportionate analysis of any one drug from the animal or vegetable kingdom, we could then dissect its symptoms, and tell which belonged to one tissue salt which to another, and it is highly probable that we, by this means, could explain easily why the symptoms of one drug are so often found the pathogenesis of another, why one is characteristic of one drug and only generic in another, when, indeed, it may not rightly belong to either, but to an inorganic tissue salt, a constituent of each drug."

These "*tissue remedies*" have not all been proven as yet, but all that is known and has been written regarding them is included in the work under consideration, which we hope will be as widely read and highly appreciated as it deserves to be.

B. W. J.

SIMILIA SIMILIBUS CURANTUR? By Chas. S. Mack, M. D. Boston and Providence: Otis Clapp & Son, 1888. Pp. 31. Price, 40 cents.

Dr. Mack offers herein, an argument in favor of the *Law of Similars*. He states clearly that drugs administered on account of their chemical, mechanical or palliative action, for the destruction of germs or parasites, or to supply a deficiency in the system, as iron given in anæmia, have no connection with Homœopathy nor are they interdicted by it. This precise statement of truth seems to us the best point that he makes in the treatise, another worth remembering, however, is the suggestion that the theory of Similia is not worthy of acceptance because of the fact that we do not comprehend its workings, for in this respect it does not differ from many other natural laws.

Further on, the treatment of the subject grows a little obscure, when an analogy is drawn between Homœopathy and "radical reform" of a moral and spiritual nature, for we do not approve of a mixture of Church and State



or even religious views or morals with homœopathic, medicinal treatment.

**THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES.** By D. C. Perkins, M. D. Philadelphia: F. C. Boericke, Hahnemann Publishing House. 1888. Pp. 180.

This monograph which is the result of twenty years experience of the Author, has been arranged in an easily accessible form so that others may profit by his labors.

The symptomatology, as it applies to rheumatic conditions, of over a hundred remedies, is given; the key-notes and leading symptoms of each drug, being specially designated. It is very justly stated that a more complete knowledge of the resources at our command would lead to better results in the treatment of these disorders. To render our task the easier the author has appended, to this work, an excellent Repertory, which facilitates studying up the peculiar symptoms in a case.

**PHYSICIAN'S OFFICE REGISTER.** Copyrighted and published by Henry Bernd, 1887, St. Louis, Mo.

Mr. Bernd has presented the profession herein with an excellent method of abbreviating the physician's labor of keeping accounts. Each space is ruled for entering the record of professional services rendered for each day in the year, with columns for the total debits and credits. The "cipher code" employed, may be considered by some, rather arbitrary, but the signs can be substituted by such others as the individual physician may have been accustomed to employ. P. Blakiston, Son & Co., of Philadelphia, have it for sale. It contains space for 664 accounts, and is sold at \$5.00.

**THE THREE ETHICAL CODES.** The Code of Ethics of the American Medical Association, its Constitution and By-laws. The Code of Ethics of the American Institute of Homœopathy. The Code of Ethics of the National Eclectic Medical Society. Detroit, Mich.: The Illustrated Medical Journal Company, publishers. Price, 50 cents, postpaid.

The Codes of the American Medical Association and of the American Institute of Homœopathy are very similar, in parts almost identical, the only point of

real difference is that in the code of the first named body consultations are referred to as follows: "No one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry," while in that of the latter we find the following statement: "No tests of orthodoxy in medical practice should be applied to limit the freedom of consultation. Medicine is a progressive science. Its history shows that what is heresy in one century may, probably will be orthodoxy in the next."

The Code of the National Eclectic Medical Society consists of but two articles, the first pertains to the interests and rights of medical men, the second to their conduct and status.

The common rules and maxims of morality which are enjoined in the Bible, and have been recognized by the wise and virtuous at all times, and in every civilized country are comprehensive enough in their scope, and sufficiently dignified in form to meet all the contingencies and emergencies which, in a moral point of view, are likely to arise in the transaction of business and the interchange of thought and sentiment between man and man.

**MEDICAL AND SURGICAL LECTURES ON THE DISEASES OF WOMEN,** a clinical and systematic treatise. By R. Ludlam, M. D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital of Chicago; late president of the American Institute of Homœopathy, and of the Chicago Academy of Medicine; Corresponding Member of the Homœopathic Medical Societies of Great Britain, France, Massachusetts, and New York; author of a Volume of Clinical Lectures on Diphtheria; Member of the State Board of Health of Illinois, etc., etc. Lectures delivered from 1870 to 1887. Sixth edition; revised, enlarged and illustrated. Chicago: Halsey Brothers. 198. Pp. 1093.

The fifth edition of this work having been out of print for over a year, it became incumbent upon the author to revise it. He has also added much new matter to it. He classifies the diseases of women with respect to the seven critical

periods in their life, namely, puberty, menstruation, pregnancy, parturition, puerperality, lactation, and the climacteric. The disorders of the last-named period are very clearly stated as having their seat in these conditions of the general system: plethora, anæmia, or a nervous condition incident to the time of life.

The last fourteen lectures are devoted to Genæcological Surgery. The technique of the various operations is very fully described and illustrated. In speaking of *Ovariectomy* the author urges an early operation, and states the seriousness of neglecting operative measures till "the patient is in a desperate strait, where the complications will render her recovery next to impossible." He says also, "No ovariectomist, whether he be great or small, old or young, a beginner or a veteran, can afford to disregard the proper and essential prophylaxis of peritoneal surgery, or the conditions upon which this particular kind of work is either expedient or successful."

The typography and general appearance of this book are good, and the illustrations excellent, and it is written in the author's easy, able and pleasing style. The writer's wide and well-earned reputation is a guarantee of the success of this edition.

B. W. J.

**THE NEW YORK MEDICAL JOURNAL VISITING LIST AND COMPLETE POCKET ACCOUNT BOOK**, New York: D. Appleton & Company. Price \$1.25.

This list is braced upon a new plan, is prepared by Dr. Chas. H. Shears and claims to possess all the advantages without the objectionable features found in other books of the same character. The various tables of doses, poisons and antidotes, etc., it contains are excellent for reference.

**THE NATIONAL SIN OF LITERARY PIRACY**  
By Cennn Van Dyke, D.D., New York: Chas. Scribner's Sons. 1888, Pp. 23, Price five cents.

This little pamphlet shows clearly the wrong position which the U. S. Government maintains in relation to International Copyrights, failing to protect the intellectual workers of other lands it wrongs at the same time American Authors and stands alone among the nations in its attitude of what is here called literary piracy.

## Gleanings.

### Apoplexy: A Hint in its Treatment.

Mr. Leonard Braddon recommends that in apoplexy, of severe type, compression be applied on the carotid artery of the affected side. If coma continues, he suggests trephining to relieve the intracranial pressure.

### A Lycopodium Case.

Dr. W. J. Martin reports the following case of pneumonia, which had been abandoned as hopeless by the allopaths, and which he cured with lycopodium, 30: Child, æt three years, ill three days; respirations 90 per minute; temperature 102.4°; loud, coarse rales all over the chest; breathing almost entirely abdominal; does not cough much and expectorates none. The patient was much better in the morning, and began to get worse at four o'clock in the afternoon and continued bad all evening; after every sleep he was cross and unmanageable; his urine was scant and stained the diaper red; fan-like motion of the alæ nasi. The evening after prescribing the lycopodium 30, all the symptoms were considerably modified. In one week's time the child was well. —*The American Homæopathist*, November, 1887.

### Vomiting in Pregnancy.

A writer in the *Lancet* says: I have not failed once for many years, by a single vesication over the fourth and fifth dorsal vertebræ, to put an end at once to the sickness of pregnancy during the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and the pruritis pudendi of the puerperal condition yielded as readily and to one application. —*Archives of Gynecology*, November, 1887.

### Poisoning by Sulphur Pomade.

Eichbaum, of Leipzig, reports the case of a man, aged thirty-seven, well developed and previously healthy, who complained of headaches, giddiness, and attacks of partial syncope. Examination revealed the face pale, the forehead covered with cold perspiration, the pupils dilated and not reacting, the movements of the eyes free, the tongue protruded straight, tremulous, and coat-



ed. The heart sounds were a little dull, but no murmurs were present. The other viscera gave no signs of disease. Pulse, 124, very small; respiration, 16; temperature, subnormal. There was some rigidity of the muscles on the right side of the neck. The patient complained especially of occipital headache. There were no signs of syphilis or other well-marked symptoms.

By careful investigation and exclusion, a diagnosis of chronic sulphur poisoning by pomade was made. This pomade consisted of

Vaseline,	100 parts,
Wax,	5 "
Sulphur,	10 "
Oil of roses,	a few drops,

which the patient had used for some time to cure dandruff of the scalp, applying it every second day. The preparation of sulphur used was raw powdered sulphur, the oxidation of which and its mingling with the perspiration had formed sulphurous acid, whose absorption caused the poisoning. The cessation of the use of the pomade was followed by speedy restoration to health.—*Medical News*, Nov. 19, 1887.

#### Oat Flour In the Treatment of Burns.

Oat flour in the treatment of burns is recommended by Greene on the score of its freedom from odor, its soothing and antiseptic properties, its superior healing powers, its cheapness, and the ease with which it can generally be obtained at short notice. He directs a paste to be made of equal parts of the flour and fresh lard, to be applied spread on a piece of lint or calico, the application to be renewed every day, or every second day, according to the exigencies of the case.—*British Medical Journal*.

#### Preparations of Meat for Invalids.

Dujardin-Beaumetz has used meat prepared after the following formulæ to advantage in prescribing meat diet:

Filet of beef,	60 parts.
Marine salt,	1 part.
Jelly (any fruit the patient may desire),	500 parts.

Also:

Uncooked meat,	50 parts.
Sweet almonds,	15 "
Bitter almonds,	1 part.
White sugar,	16 parts.

To be pounded together in a mortar or on marble, and then an emulsion to be made with water.

Also:

Uncooked meat, grated,	100 parts.
Pulverized sugar,	40 "
Wine,	20 "
Tinct. of cinnamon,	3 "

The only counter-indication to the use of these preparations is the danger of the eggs of tenia.

Meat may be dried at 100° C. and powdered. Microscopic examination of such meat should be made, however, and if bacteria are present in great numbers the specimen should be discarded.—*Medical News*, Oct. 29, 1887.

#### Measles Paralysis.

Although Landouzy, in his excellent work on the paralysis of acute diseases, asserts that, without being exceptional, paralyzes are less frequent with measles than with variola, yet it may be questioned whether measles does not distinguish itself, rather more frequently than is generally supposed, as the efficient cause, in certain cases, of obscure nerve disease among children. There are also grounds for believing that disseminated sclerosis may find a cause in measles. M. Négri, of Bordeaux, has observed a case of acute ascending paralysis consecutive to measles, and he has published the clinical aspects of the case in the *Bordeaux Journal de Médecine*, No. 3. The child was three years old, and, on the tenth day of full convalescence after measles, considerable weakness was first discovered in the upper and lower limbs and in the neck muscles. . . . The paralysis increased in degree so that sitting was impossible; the knee jerks disappeared, and the plantar reflexes appeared to be diminished. . . . Paralysis of respiration seemed to be the principal cause of death, which took place five days after the *début* of the paralytic symptoms.—*The Lancet*.

#### A Rare Case of Neurosis Simulating Malarial Intermittent Fever, Due to Urethral Irritation.

This case was reported by Dr. A. F. Sampson, of Galveston, Texas. The patient, a German, eighteen years of age, had never been exposed to malarial influences, yet he was taken with a ter-

tian-intermittent fever. The chill would be followed by fever, which terminated in a few hours with a profuse sweat. His former attendants had diagnosed the case as malarial, and had treated him accordingly. A thorough examination of the patient revealed a small meatus urinarius, a stricture half an inch from the meatus, and a very sensitive urethra. The passage of the sound developed a constitutional disturbance similar to his chills and fever, which he had had every other day for over six months. Meatotomy and internal urethrotomy were performed. A straight conical sound, No. 84, was passed daily. From the date of the operation there was not a single return of his malarial symptoms, and the patient was rapidly restored to good health.—*Medical Record*, Nov. 19, 1887.

#### Epidemic of Dengue in Egypt.

The following brief article is extracted from a letter of Dr. Grant Bey, to the Editor of the *Medical Register*.

"We are having an epidemic of dengue in this country just now. It is said that about four-fifths of the inhabitants of Cairo have been attacked by it.

In 1880 we had a severe epidemic of the same disease in Egypt, and an Arab author—Mohammed Goberty—writing in 1779, describes this very disease as having raged in Cairo at that time, and I believe you have some record of it by Dr. Rush in Philadelphia, in 1780.

There is one circumstance attending this fever, when it rages as an epidemic in Egypt, *i. e.* an unusually high Nile, which was noticed and recorded by Mohammed Goberty in 1779, but no one, except myself, had referred to this circumstance in 1880, and now in 1887.

In 1880 I was of the opinion that the disease had been brought from Ismailia, where it raged epidemically in 1877, and where every succeeding autumn since there were three cases.

I am now inclined to think that the Nile is really to blame in the matter.

Away from south of Kartoum, on the White Nile, there are vegetable floating islands that unite and form "suds," or obstructions in the river every here and there along its course. There they remain growing and rotting till an unusually high tide comes and breaks them up, carrying them along with the flood. At the cataracts they get pretty much

milled to powder, and by the time the water reaches Cairo it may be compared to an infusion of these vegetable islands that probably contained the germs of dengue.

At any rate, the epidemic at Cairo in 1779, 1880, and now in 1887, commenced about the beginning of August, when the Nile had already risen considerably.

I read a paper on "Dengue," by Dr. Wortabet, at the Congress, and some of your Texas doctors discussed it and said they had found a bacterium characteristic of this disease. I don't think any one has examined the blood of patients here, although the sanitary authorities have a bacteriological laboratory!!!

The usual breakbone symptoms are invariably present, and I have observed vomiting and scarlatinal rash present in a great number of cases. Some of the after-effects are numbness, amounting almost to paralysis of one side; hemorrhages, etc. The disease is not a fatal one, but it is exceedingly contagious. The most successful treatment in my hands has been an emetic of ipecac and tartar. antim., followed by a mercurial purge, and this followed up by antipyrine until fever and pains have gone—then I give sulphuric acid and simarouba, and sometimes an iron tonic.

I believe with the Texas doctors that there is a bacterium in this disease that breaks up a great number of the red blood corpuscles, and thus favors hemorrhages.

#### Empirical Use of the Little Dose.

Dr. John Aulde, of Philadelphia,—see *Practice*—makes a plea for small doses. He says that the following will serve to show what small doses will do:

Quinine in doses of one-tenth of a grain, to those who, on account of idiosyncrasy, cannot take larger doses, will often be found sufficient.

One drop of tincture nux vomica, or one-twentieth grain of the extract, are frequently as serviceable as a tonic of larger doses, while strychnine in doses of one-sixtieth or one-hundredth of a grain will accomplish all that is desired, and be much safer than larger doses. Cannabis indica, in half-drop doses at intervals of five minutes will cause the pain of trifacial neuralgia to quickly disappear. Profuse diaphoresis may be produced by the frequent ad-



ministration of half-minim doses of extract of pilocarpine.

Phosphorus, in doses of one one-hundred and fiftieth of a grain, given three times daily, will produce such an effect that it may be tasted by a susceptible patient for several days afterwards. Morphine, in tablets containing one-fiftieth of a grain, can be given in many instances with marked benefit. One drop of a one per cent. solution of the fluid extract of *rhus toxicodendron* is often an efficient remedy in stubborn attacks of sciatica and other affections of a like character. One-tenth of a grain of calomel, given every hour, it is well known, will produce an effect on the bowels equal to ten grains given at one time. Corrosive sublimate, one-fiftieth of a grain three times daily, is an excellent remedy in disease of the stomach with fermentation and eruction of gas. It is doubtful if we have any better remedy for the treatment of boils and carbuncles than small doses of calcium sulphide, one-tenth of a grain every two hours.

#### The Source of Scarlatinal Poison.

The theory of the derivation of scarlatinal poison from cows, is gaining ground. Germs producing scarlatina have been derived from sources where absorption from the air or surroundings was not a possible factor in the result. Moreover, Dr. Klein, who is conducting these important experiments, has found the *micrococcus scarlatinae* in condensed milk, which produced scarlet fever in human beings, and being fed to calves produced the amorphous disease which has been held by some to be entirely distinct from scarlatina effecting the human species. This is a long step towards the establishment of the fact that scarlatinal poison may be derived from cows.—*Medical Register*

#### Sarcoma of the Long Bones.

Dr. Frederic S. Dennis, thus sums up in the *Medical News*, his observations on the subject of osteo-sarcomata affecting the lower extremities:

1. The importance of early recognizing the disease, and the necessity of complete removal of the limb by amputation without delay.

2. The importance of carefully watching the subsequent history of patients

upon whom an operation has been performed for the removal of sarcoma.

3. The publication of all cases, whether the result of the amputation was favorable or otherwise, in order to enable surgeons to collect reliable and trustworthy data for future study.

4. The importance of a microscopical examination of every sarcoma. Surgeons are of one opinion upon this point, that a microscopical examination is a *sine qua non* to insure the tabulation of a case for purposes of study.

5. The importance of a radical operation in these cases of malignant sarcomata affecting the long bones of the extremities, and the condemnation of partial enucleations and the use of caustics and plasters.

6. The importance of encouragement to patients suffering from malignant disease of the long bones, on the ground that early and radical operations, even in the most malignant cases, may result in perfect cure.

#### Professor Fauvel on Coca.

Professor Fauvel has been constantly in the habit of prescribing coca for more than twenty years, but he protests, in a letter to the *New York Medical Journal* against having his name associated with any proprietary preparation of the drug except that known as "vin Mariani," with which he has secured uniformly good results.

#### Arsenic Cancer.

As the mind is naturally caught by the curious and by the threatening, so we cannot avoid alluding to the subject which Mr. Jonathan Hutchinson raised at the last meeting of the Pathological Society. We fear, however, that at present further light is required before our knowledge can be considered satisfactory. Many amongst us have a strong belief in the efficacy of arsenic and know well its power to produce disease; but, judged from the discussion at the Pathological Society, some do not appreciate the influence of arsenic on the skin. The skin par excellence is the tissue on which arsenic has perhaps its most marked influence; besides improving, it may spoil the complexion, rendering it muddy and unsightly. This latter action is also manifested in all parts of the skin, and may lead to

the development of soft corns, not warts, in the palms of the hand and soles of the feet, where a roughened condition also grows up under the influence of this most potent drug. So far Mr. Jonathan Hutchinson goes with safe step on sure ground, but the next move onward toward the belief that arsenic can produce epithelial cancer is less secure. It cannot be said outright that arsenic may be the chief cause of epithelial cancer, but we think the position almost impregnable if it be maintained, as, indeed, Sir James Paget and Mr. Hutchinson strongly held, that arsenic may prove one of the causes of epithelial cancer in certain constitutions. Nevertheless, arsenic will not fall into disrepute, for at the worst it is only when continued for many years in very full doses that the drug is alleged to have so deleterious an action. Such a revelation, if it ever comes, will only make medical practitioners more careful in prescribing arsenic.—*Lancet*, December 17, 1887.—*Medical News*.

#### Myopia in Russian School Children.

The *Medical News* quotes from the *British Medical Journal*, that the Russians appear to be as prone to become myopic as their neighbors the Germans. Prof. Adamyuk, of Kasan, has published in the *Westnisk Oftalmologie* a series of examinations of the refraction in pupils at a school. Each pupil was kept under careful observation from his entry into the school until his exit thence. The investigation continued for ten years. Amongst 317 first year's scholars, Prof. Adamyuk found that 165, or 52 per cent., were hypermetropic; 106, or 33 per cent., were emmetropic; and 45, or 14 per cent., were myopic. One case has been rejected out of the total, 317. In the course of the year the refraction altered very notably.

Myopia made progress in 90 per cent., hypermetropia only in 51.6 per cent., whilst 32 per cent. of the pupils who were emmetropic at the beginning of their school career underwent deterioration of their accommodation, generally in the direction of myopia. Apart from the purely ophthalmological aspect of Prof. Adamyuk's researches, it is interesting to note how a branch of the Aryan race, comparatively young to civilization, are already subject to all those psychological and pathological

conditions which have generally been considered to be the essential results of political and social decay in older nationalities.

## News, Etc.

**THE ALLEGHENY COUNTY SOCIETY.**—At the annual meeting of the Homœopathic Medical Society of Allegheny County, Penn., the following officers were elected to serve for the ensuing year:

President, Dr. J. F. Cooper.

Vice-President, Dr. Z. T. Miller.

Treasurer, Dr. John B. McClelland.

Secretary, Dr. J. Richey Horner.

**THE MINNESOTA MEDICAL MONTHLY** now begins its journalistic year in January. It is always newswy and interesting.

**THE ALBANY COUNTY (N. Y.) SOCIETY** held its twenty-eighth annual meeting on Tuesday evening, January 10th, at the office of Dr. H. M. Paine.

Dr. Schwartz reported a case of relapse following typhoid fever, the patient having partaken of solid food prematurely; also the main features of a case of angina pectoris; also a case of hysteria, closely resembling acute mania.

Dr. Paine related the special symptoms of an interesting case of eczema, which had resisted all ordinary methods of treatment. He also gave notice that at the next meeting he would offer a proposition to effect certain changes of the constitution and by-laws of the society.

The officers elected for the ensuing year were: Dr. Charles E. Jones, president; Dr. George E. Gorham, vice president; Dr. C. W. Schwartz, secretary and treasurer; censors, Dr. L. M. Pratt, H. M. Paine, J. W. Cox; delegate to the State society, Dr. Geo. E. Gorham, to fill an unexpired term.

The next quarterly meeting will be held on the second Tuesday in April.

**THE WESTERN ACADEMY OF HOMŒOPATHY** will hold its annual session at Minneapolis, Minnesota, on May 13, 14, and 15, 1888. An interesting and profitable meeting is confidently expected. The president for this year is J. M. Crawford, M. D., of Cincinnati, Ohio; secretary, C. J. Burger, M. D., of Boonville, Mo.

**THE CLINICAL REPORTER** is the title of a new homœopathic journal, published by Foulon and Co., 219 Chestnut street, St. Louis, Missouri, and edited by the



Faculty of the Homœopathic Medical College of Missouri. The first number contains articles by Professors Parsons, Kent, Morgan and Campbell and Dr. J. C. Cummings, besides notes from current medical literature, etc. Its appearance is promising. A good homœopathic journal is needed in the district of which St. Louis forms the medical and commercial centre. This district possesses talent and energy enough to guarantee a valuable literary periodical, and the *Reporters* should receive at the start the full support of every homœopathist in and around St. Louis. \$1.00 per annum.

THE Boston University School of Medicine is said to be prospering beyond all its previous history; an indication that the profession is learning to appreciate a high grade of medical culture more and more.

NEW HOMŒOPATHIC HOSPITAL.—The City of Wilmington, the principal town of Delaware, having a population of nearly seventy thousand (70,000) inhabitants, has been until now without a hospital. Mrs. J. Taylor Gause, a lady noted for her charitable works, feeling the necessity of having help nearer than Philadelphia for the many cases which have her consideration, requested Dr. Peter Cooper to visit the homœopathic physicians of Wilmington, and, if it met with their approval, form an association, and make them an offer of twelve hundred dollars to start a hospital. The offer was accepted, and twenty-seven ladies requested to take charge of the management of the hospital. On November 19th the first meeting was held at the house of Mrs. J. Taylor Gause, and the following officers were elected: President, Mrs. J. Taylor Gause; vice-president, Mrs. Leonard Kittenger; recording secretary, Mrs. George W. Stone; treasurer, Mrs. George W. Stone; corresponding secretary, Mrs. Clement B. Smyth. The next meeting of the lady managers was held November 26th, when a letter was read from Mrs. J. Taylor Gause offering a valuable property to the Hospital Association, *rent free* for one year, which was most gratefully accepted by a unanimous vote. The subscription of Mrs. J. Taylor Gause, and the giving the use of the property free of rent for one year, is equivalent to a donation of three thousand dollars (\$3000), and in seven (7) days from the first meeting of the managers, property was secured, and sufficient funds collected to warrant the immediate opening of a hospital. The hospital build-

ing has been put in order and furnished, the matron, etc., secured and the hospital is now ready for patients. The situation of the hospital is admirable. It is two squares from Delaware avenue, with a frontage on Van Buren street of three hundred feet. On Shallcross avenue the frontage is two hundred and seventeen and a half feet. One hundred and seventeen and a half feet of the property fronts on Lovering avenue (on the opposite side of which is the Brandywine Park), thus having streets on three sides. The building is of brick, three stories high, crowned by an observatory. It has two large bath-rooms, and is heated by steam, and thoroughly ventilated. Medical staff: Dr. A. Negendank, chief for one year; Drs. S. E. Frantz, Peter Cooper, E. T. Negendank, L. W. Flinn, assistants.

BOOKS GIVEN AWAY.—The New York State Homœopathic Medical Society, in order to dispose of (where they will do the most good) a large mass of their Transactions, will give them to any one sending \$1.00 to the treasurer to defray expenses of boxing and freight. There are a great many complete sets for over twenty years. The distribution will be made in the order in which the names are received, the complete sets being sent first, and afterwards as complete as possible until all are gone.

Send your name and money at once to A. B. Norton, M. D., Treasurer, 167 West Thirty fourth street, New York city.

OPHTHALMOLOGISTS APPOINTED.—Dr. Mary E. Grady and Dr. Landreth W. Thompson have been appointed assistants in the Eye and Surgical Institution of Dr. Bushrod W. James, established in 1886.

The former is a graduate of the Homœopathic Ophthalmic and Aural Institution of New York, and has been assistant at Dr. James's Eye Clinic at the Children's Homœopathic Hospital of Philadelphia for about two years. She is placed in charge of refractive and miscellaneous cases, and Dr. Thompson, who was editor of the *Medical Institute* last year, in charge of surgical eye and ear cases.

## Obituary.

ADOLPH LIPPE, M. D.—Dr. Adolph Lippe, as our readers have doubtless already learned, departed this life on Monday, January 23d, 1888.

"Dr. Lippe had not been in good health

for some weeks; he had been suffering from rheumatic troubles, and had been more or less confined to the house by these ailments during the past month or six weeks; but until Friday night no alarming symptoms had been noticed. Having exposed himself during the past few days of raw, inclement weather, a bad cold was contracted which speedily developed into a severe case of typhoid pneumonia, which medicines were powerless to check. From the initial chill to within a few moments of death, Dr. Lippe retained consciousness, and never seemed to have any hope of recovery. He said just a few hours before he died: "The medicines do no good, they only palliate." And so it seemed. During the last two days, Dr. Lippe, though so ill, was all the time throwing out hints for the treatment of his case. For instance, he would say this symptom indicates *nux. mos.*, or this one, *natr. mur.*; and so he would go through a list of remedies, pointing out with rare skill their characteristics, but all without avail! Taken sick at 3 A. M., Saturday morning, he died Monday, January 23d, at 9.45 A. M.

The funeral took place Thursday, January 26th, from his late residence, 1204 Walnut street. The body was incased in a neat cloth-covered casket, and upon the plate was the simple inscription: "Adolph, Graf zur Lippe-Weissenfeld. Born, May 11th, 1812; died, January 23d, 1888."

The funeral ceremonies were celebrated at St. John's Church, Thirteenth street above Chestnut. There was a large congregation present at the solemn services, many of whom were friends and former patients of the late distinguished homœopathic physician. \* \* \*

The pall bearers were J. G. Watmough, George Blight, Coleman Hall, H. W. Catherwood, Dr. E. J. Lee, Dr. Walter M. James, and Dr. P. P. Wells. Among those present in the congregation were Rev. Drs. Philips Brooks, of Boston, and Charles D. Cooper, of the P. E. Church of the Holy Apostles, of this city. The interment was at the Old Cathedral Cemetery.

Dr. Adolph Lippe came of an illustrious family, being a member of the old and noble German family of Lippe. He was born on the family estate of "Sée," near Gœrlitz, in Prussia. His parents were Count Ludwig, and Countess Augusta zur Lippe. He was born on the 11th of May, 1812, and was therefore in his seventy-sixth year. He leaves a widow and one son to mourn his death. In Germany there survive him several brothers and sisters. On January 1st, 1885, Dr.

Lippe lost his oldest son, Dr. Constantine Lippe; having two weeks previously (December 1884) lost his only daughter. He never recovered from the severe shock of this double bereavement.

Dr. Lippe was educated at Berlin, and it was intended he should follow the legal profession, but his natural taste and talents inclining him to medicine, he came to America in 1837. He studied at the Homœopathic College at Allentown, then the only one in this country, and on the 27th of July, 1841, received his diploma at the hands of the late Dr. Constantine Hering. The doctor first settled in Pottsville, and practiced for a time there, but subsequently established himself at Carlisle, where he remained for six years. Having distinguished himself through his treatment of the epidemic prevalent in the Cumberland valley he came to Philadelphia, beginning then his brilliant career in this city as a homœopathic practitioner and teacher. \* \* \*

From 1863 to 1868, Dr. Lippe filled the chair of *Materia Medica* in the old Homœopathic Medical College of Pennsylvania, which his rare knowledge of the *materia medica* enabled him to do with peculiar success. Although always engaged in the busy work of a successful physician, even to within three days of his death Dr. Lippe managed to contribute most copiously to the current literature of our school. He was the prime mover in establishing several homœopathic journals. Among them may be mentioned the late *Organon*, the *HAHNEMANNIAN MONTHLY*, and the *Homœopathic Physician*.

The above notice is taken from the pages of *The Homœopathic Physician*, a journal which he was instrumental in establishing, and to which he was a regular contributor.

Perhaps the most useful public work of Dr. Lippe's life was the authorship of his "Text-book of *Materia Medica*," a work which had, and we believe still has, quite a large sale. It has in thousands on thousands of instances been the source to which perplexed physicians have eagerly turned to find, if possible, the "indicated remedy," and practitioners irrespective of their peculiar views of "potencies" have found in its pages a mine of practical, clinical knowledge.

Of the peculiar traits of Dr. Lippe's character which, of late years, kept him somewhat aloof from the mass of his professional brethren, it is needless to speak in detail. His intense dogmatism doubtless rested upon a basis of profound con-



viction, and was probably, in part at least, the result of early educational influences. It must not be forgotten that his first years of practice were spent amid the turmoils of clashing medical schools and systems, at a time when his opponents were making desperate attempts to throttle the infant system that he loved—a time which exacted from all the homœopathic physicians of that day a determined struggle for professional life. Such experiences are calculated to make men intolerant of opposition, either real or fancied. Dr. Lippe, as is well known, carried this spirit to a point, considered by his professional brethren to be extreme. This was forcibly illustrated at the time of the consolidation of the two Philadelphia colleges in 1869. The split in the old institution was brought about largely by Dr. Lippe's determination that pathology should not be taught in the college, and that the chair, then held by Professor Raue, should be abolished. As Dr. L. held a controlling influence in the Board of Trustees, he was enabled to make his demand good; and Dr. Hering and his friends accordingly organized a separate institution. Two years later, Dr. Lippe lost his control of the original institution, and a reunion of the two factions and schools immediately followed. When Dr. Lippe discovered that his colleagues in the old college faculty were, to a man, in co-operative sympathy with the movement for consolidation, he became intensely indignant and abruptly resigned his chair on the eve of the final examinations, necessitating the appointment of Professor Williamson to conduct the examinations in *materia medica* and sign the diplomas.

Of respect for medical "authority," as the term is generally understood, Dr. Lippe had little, save only for that which coincided with his own interpretation of Hahnemann. Indeed it is probable that even this statement of the fact is somewhat too broad. Certainly he held some opinions not discoverable in Hahnemann's writings, and with an intolerance of opposition equal to that he displayed in defence of the cardinal doctrine of Homœopathy itself. In these matters he recognized no authority higher than himself, and such independent thinkers as Raue, Guernsey, and Hering fell, one by one, under his ban, for seeming to question his opinions.

In estimating the worth of Dr. Lippe's life to his profession, we can well afford to forget every thing save the service he rendered in the development of the *materia medica* and its clinical applications in the relief of sickness and suffering. All else will pass out of human recollection; this is destined to endure.

RESOLUTIONS ADOPTED BY THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.—The following preamble and resolutions were adopted by the Hahnemannian Association of Pennsylvania at a special meeting called January 24th, to take appropriate action on the death of their deceased colleague, Dr. Adolph Lippe.

WHEREAS, This Association has heard with the deepest sorrow of the death of our venerable colleague and friend, Dr. Adolph Lippe; therefore be it

*Resolved*, That in the death of this veteran physician (one of the pioneers of homœopathy in America), this association has sustained an irreparable loss, the homœopathic school loses its ablest physician and greatest therapist; the public at large its most successful practitioner and wisest counsellor.

*Resolved*, That by his untiring labors in the field of homœopathic *materia medica*; by his teaching when a professor in the old Homœopathic College of Pennsylvania; by his unceasing contributions to the medical journals of his school, and by his example as a practitioner, Dr. Lippe did more for the development of homœopathy in this country than any other physician, with the single exception of the late Constantine Hering.

*Resolved*, That his great industry; his sound and logical reasoning; his seeming intuitive perception of the trend of diseases, and his unexcelled ability for the analysis of drugs, were the causes of his success, and placed Adolph Lippe, for many years, at the head of his profession as a physician and teacher.

*Resolved*, That his ever courteous manner and constant readiness to assist his professional brethren by his wise counsels, have endeared him to his colleagues, and will cause the name of Adolph Lippe to be long held in affectionate remembrance.

THE  
HAHNEMANNIAN  
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DEVOTED TO THE INTERESTS OF

HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

PEMBERTON DUDLEY, M. D., EDITOR AND PUBLISHER.

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The Editor is responsible for the maintenance of the dignity and courtesy of the Journal, but *not* for the opinions expressed by contributors.

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Original Contributions.

THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF IODOFORM  
FROM A HOMŒOPATHIC STANDPOINT.

BY CLARENCE BARTLETT, M. D., PHILADELPHIA, PA.

[Read before the Philadelphia Medical Club].

During the past few years a large number of drugs, mostly newly discovered chemical compounds, have come into use by the old-school branch of our profession. It is one of these drugs—iodoform—that has been chosen as the subject of the present communication. It is my purpose to review, as briefly as the immense amount of material at our disposal will permit, the various deleterious effects of the drug as observed in cases of accidental poisoning in man, and of experiment on the lower animals. I shall also refer to the various uses to which iodoform has been put as an internal medicine. The use of the drug as a local application to operation and accidental wounds, and to suppurating surfaces and cavities, is so well known that no mention will be made of it at this time. For the observations which I am about to present I am indebted almost exclusively to old-school authorities. The only homœopathic literature pertaining to iodoform consists of an involuntary proving by Dr. B. F. Underwood,<sup>1</sup> and a proving by J. W. Haines.<sup>2</sup> The symptoms of these have been collated

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<sup>1</sup> *Trans. of the Hom. Med. Soc. of the State of New York*, vol. 9, page 237.

<sup>2</sup> *Ohio Medical and Surgical Reporter*, vol. X, page 175.



and arranged in the usual schematic, form by Allen in his *Encyclopædia*.

Iodoform acting as a poison has four principal points of attack, namely, the brain and nervous system, the heart and blood-vessels, the digestive tract and the skin. Taking up the action of the drug on these organs, *seriatim*, we come first to the brain and nervous system.

The success with which allopathists have met in the internal administration of iodoform as a therapeutic agent has been very varied. One writer cannot find words sufficient to tell the high esteem in which he holds the drug; another can find for it only words of condemnation. Iodoform has long been looked upon as a reliable antiseptic, and it is its supposed power of destroying bacilli that has led to its use in diseases said to have their *fons et origo* in these micro-organisms. Any therapeutic use for iodoform having as its foundation this supposed antiseptic property of the drug must be short lived, for it has been conclusively proven by R. Amory Jeffries,<sup>1</sup> that it exerts no destructive power over bacilli.

Iodoform has long been known to produce symptoms the exact counterpart of those observed in meningitis. Max Schade<sup>2</sup> and Koenig<sup>3</sup> and, more recently, Billroth,<sup>4</sup> have reported cases of poisoning with it in which every symptom of that disease was noted.

The former says that in iodoform poisoning, headache and lassitude with dulness of intellect are always present. There is often delirium which, in the worst cases passes into unconsciousness or is followed by localized paralysis. Symptoms of acute meningitis appear. The patient utters peculiar cries, rolls his eyes and the headache becomes intense.

One of the cases reported as occurring in the latter's clinic was that of a child which was supposed to have meningitis; yet on an autopsy no signs of that disease were found. Another case observed by the same authority was that of a woman who presented high fever, delirium, bloody diarrhœa, and the ordinary symptoms of meningitis, followed by death.

The mind itself may be the point of attack of iodoform. Batty Tuke<sup>5</sup> reports a case of iodoform poisoning in which the patient be-

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<sup>1</sup> *Amer. Jour. Med. Sc.*, Jan., 1888.

<sup>2</sup> *British Jour. of Hom.*, Oct, 2, 1882, page 381.

<sup>3</sup> *Med. Record*, Vol. XXVII, page 165.

<sup>4</sup> *N. Y. Med. Abstr.*, Vol. II, page 356.

<sup>5</sup> *Brit. Med. Jour.*, Dec. 6, 1884.

came greatly excited with delusions of mistaken identity. The symptoms all disappeared on stopping the drug.

Dr. Robert Black<sup>1</sup> reports the case of a young man for whom iodoform was used after an operation for hydrocele. The patient had delusions, dressed himself in strange costumes, imagined that he was of a prodigious height and still growing rapidly. His ideas were all of an exalted character. He imagined that he had a tenor voice, the finest in the world and he proceeded to hire a hall in which to give a concert. He was sent to an asylum from which he was dismissed cured in four months. Another case in a London hospital was followed by delusions of a like character.

The most complete investigations into the action of iodoform on the lower animals are those of Gætano Rummo.<sup>2</sup> He observes the occurrence in human subjects under the influence of this drug, of various nervous troubles, "psychic excitement, agitation, tendency to suicide, impulsive mania and furious delirium, followed by depression characterized by melancholia, with a tendency to somnolence, loss of memory and a comatose state."

In experimenting on the frog, Rummo produced first a general depression and later a general exaltation of nerve function. He used the drug subcutaneously. The muscle at the point of injection of the drug lost its electro-muscular contractility. If the injections were directly upon a nerve, the nerve lost its excitability. In from one-half to one hour after the injection, the animal became less agile. The electrical reaction of the cord and of the peripheral end of the divided sciatic nerve was not diminished. Muscular irritability was normal. Sensation and the reflexes were good. Progressive feebleness was noted, the leg into which the injection had been made showing the most marked changes. Movements on galvanizing the leg were less marked, the irritability of the leg being less affected than the conductivity of the nerve. Sensation was diminished. Later, contractures appeared in the leg, the seat of the injection, and afterwards invaded the entire body. In the contracted muscles fibrillary twitchings were observed. Isolated contractions in various portions of the body were also observed. The reflexes were exaggerated.

In dogs the administration of the drug first produced profound sleep, dread of light and sound, general feebleness and anæsthesia. The reflexes were less than normal and the pupils were contracted.

<sup>1</sup> *Ibid.*, Jan. 10, 1885.

<sup>2</sup> *Arch. de Physiologie*, Aug., Sep., and Oct., 1883. Abstr. in *Arch. of Med.*, Vol. XI, No. 2.



The second stage of the poisoning was marked by the onset of spasmodic paraplegia. "The animal walked upon the claws of these members and at the same time crossed his paws one over or before the other. Trembling followed intentional movement. The reflexes were exaggerated and spontaneous, and provoked trepidation was present. Later the animal could not progress upon the four legs but supported himself upon the anterior extremities, while he dragged the posterior behind him. The general sensibility was but little modified and the intelligence was preserved. The pupils were dilated. Permanent erection with œdema of the prepuce was present in several instances. Still later, the tetanic contractions having become general, intense opisthotonos occurred. There was augmentation of the reflex excitability. All excitement, light, sound, electric, mechanic and thermic, augmented the spasms. The animal tended to rotate on its antero-posterior axis. Respiration became difficult and the pupils were largely dilated. Transverse section of the cord did not prevent the convulsions, artificial respiration being maintained and the enfeeblement was not prevented by ligatre, which deprived the part of blood."

The above quotations show conclusively that iodoform has a well-defined action on the nervous system and should therefore be of use in the treatment of disease. Several allopathic authorities have employed the drug with successful results in tubercular meningitis. Their reasons for so doing being the supposed destructive action of iodoform on the bacillus of tuberculosis. Moleschott<sup>1</sup> treated five cases of this disease with iodoform. Of these he cured three, or sixty per cent., certainly a remarkable result when the almost invariably fatal character of tubercular meningitis is borne in mind. Coesfeld<sup>2</sup> reports seven cases, of which two recovered.

The cases reported by the latter were typical, with distinct prodromal stage followed by convulsions, squint, ptosis, etc. Another case, reported by Nilsson,<sup>3</sup> was that of a boy aged eight years, presenting a very bad family history, four of his brothers and sisters having died of tubercular meningitis. Shortly after the death of one of his brothers he began to complain of headache and to grow deathly pale. The disease increased in severity until finally there were torpor, convulsions, strabismus and pyrexia. The pallor of the face gave way to flushing of the cheeks. Within twenty-four hours after the commencement of the use of iodoform, improvement in the symptoms

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<sup>1</sup> *N. Y. Med. Jour.*, Dec., 1881.

<sup>2</sup> *Ibid.*

<sup>3</sup> *Med. Record*, Vol. XXVII, page 348.

was noted and this improvement continued, until a perfect cure was made. Holt<sup>1</sup> reports five cases, of which five recovered.

In all the cases above referred to, the iodoform was applied to the skin over the supposed seat of disease; Coesfeld and Moleschott using iodoform-collodion or iodoform dissolved in ether, and Nilsson and Holt iodoform ointment of the strengths of ten and twenty-five per cent respectively.

I have used iodoform in but one case of nervous disease, and that case is the following:

Chas. ———, æt nineteen years, came to the Hahnemann Medical College Dispensary in June, 1887, with a history of paraplegia that had been slowly increasing during the previous four months. Beyond occasional slight headache he was entirely free from pain. The paralyzed extremities were more or less rigid; the patellar reflexes exaggerated. Ankle clonus was marked. The plantar, cremaster and abdominal reflexes were also exaggerated. His temperature ranged from 99.5° to 103°. He had a peculiar rachitic looking head. Dr. Chas. McDowell kindly consented to attend the boy at his home and has been very untiring in his ministrations to the patient from the beginning to the present time. For awhile, silicea was used internally. Dr. W. B. Van Lennep saw the case with Dr. McDowell and myself, and after careful examination was inclined to coincide with the view we then held of the case, namely that it was one of pacchi-meningitis spinalis, secondary to disease of the bodies of the vertebræ. This diagnosis at that time was made very probable by the fact that extension gave the boy great relief, while forcing the bodies of the vertebræ together produced suffering. Also about this time, pain appeared at about the junction of the last lumbar vertebra and the sacrum, and there was some swelling; this swelling afterwards proving itself to be due to pressure and the long maintenance of the dorsal position. Extension was tried as a mode of treatment but without any benefit whatever, in fact he grew steadily worse. The bladder and bowels which had all along been acting sluggishly, finally refused to perform their functions. The bladder could only be emptied by the catheter. The bowels were moved only by large enemata of water and oil. Violent occipital pains and hiccough set in, with pulse of 150 and death seemed imminent. It was at this time that iodoform 1<sup>x</sup> was prescribed every hour. In a few days the headache disappeared, then the hiccough. The pulse grew slower. Some control over the bladder was gained and he occasionally had a normal stool. The legs grew less rigid and can now be

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<sup>1</sup> *Archives of Pediatrics*, Sept., 1887.



moved slightly. The boy is now comfortable. Whether or not he can be cured, the future alone can decide. At best, the case is a doubtful one.<sup>1</sup>

On comparing the symptoms of this case with those observed in Rummo's dogs, one will notice the similarity between the two. Along with the nervous symptoms, was the high temperature which is also an iodoform symptom, as I shall show presently.

The next point of action of iodoform we shall consider, is the heart and circulatory system generally. Again, we obtain our information from Rummo's experiments on the lower animals. From small doses of the drug, the only symptom produced was great thirst. From large doses there were vomiting and liquid evacuations. The stools were yellow and sometimes contained mucus and blood. After still larger doses, the animal refused all aliment. It would try to drink, but even the water could not be retained. These disturbances of the gastrointestinal tract were produced by medium doses without any sign of local irritation of the mucous membrane. "In other cases, the duodenum was congested and the small intestine contained much mucus." "The saliva, the bile, the urine, the pancreatic secretions were increased." "All the secretions were natural in character except the bile which was less viscid and less colored than usual." The urine sometimes contained albumin.

Sauvat<sup>2</sup> observes concerning the physiological action of iodoform that large doses of the drug produce nausea, vomiting and diarrhoea.

Dr. Sarah E. Post,<sup>3</sup> in an excellent article on Iodoform in Diabetes, reports that in one of her cases of diabetes treated with this drug, vomiting and diarrhoea supervened.

Other symptoms of the intestinal tract attributed to iodoform are tenesmus with dysenteric discharges.<sup>4</sup>

The action of iodoform on the heart is as interesting as it is valuable.

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<sup>1</sup> Since writing the above the boy has improved wonderfully. Yesterday, when I saw him, he had complete control over his bladder. He could stand if some one would hold him by the hands. While sitting in a chair he could move his legs about freely. The muscles of both legs (which had been atrophying) were filled out nicely, and there are now indications that my gloomy prognosis will not be fulfilled. Even though no further improvement is gained I shall certainly feel satisfied with the action of iodoform in this case. Shortly before beginning the drug, he was refused admission to an hospital because of his paralysis of the bladder, offensive urine, complete helplessness and probable incurability.

<sup>2</sup> *Therapeutic Gazette*, Jan. 15, 1885.

<sup>3</sup> *Arch. of Med.*, Vol. XI, No. 2.

<sup>4</sup> *Therapeutic Gazette*, Oct., 1883.

Dr. A. Hœpff<sup>1</sup> has found in four cases of death from iodoform poisoning a condition of fatty degeneration of the heart, liver and kidneys. The process was only beginning in some, while it was far advanced in others.

Dr. Burchard,<sup>2</sup> in an excellent paper translated by our colleague, Dr. Ivins, observes that iodoform may produce nervous, anxious palpitation of the heart. He further quotes Testa's experiments on the lower animals, showing that the drug produced "increased strength of the heart's action and, immediately after, augmented arterial tension." "When he gave larger doses the contrary action immediately supervened—weakness of the heart's action with decrease of arterial tension."

Testa<sup>3</sup> has used iodoform in diseases of the heart. He says that the remedy is directed not against the lesions themselves but rather against the effects produced by them. The only reason Testa can give for his use of iodoform in cardiac diseases is found in the quotation made by Burchard in the paper already referred to.

"Moleschott was the first who used iodoform in heart disease. He relies upon this medicament because in healthy persons he can produce with it a strengthening of the heart's action and call forth an anxious palpitation. But why did this physician think of a curative action of this remedy? That is not easily understood. But what the scientist cannot explain, the empiric often seeks to fathom, and it is undeniable that in two cases of organic heart disease, the precious powder did wonders." Burchard reports five cases of organic heart disease in which marked relief was obtained from the exhibition of iodoform.

Iodoform acts on the blood itself. Von Hoffer<sup>4</sup> in a paper on the numerical relation of the red blood-corpuscles, during the subcutaneous administration of iodoform, observes that in the case of dogs, the animals lost weight and suffered a great diminution in the number of red corpuscles. The author then "selected two patients suffering from tertiary syphilis, and gave to each, by subcutaneous injection, seven grains of iodoform in emulsion with glycerine daily for four days. "This dose was gradually increased until the patients were taking twenty-two grains daily. In both cases the blood-corpuscles increased in number until anæmia had disappeared. But after the drug was continued longer and in increasing doses, the red blood-corpuscles began again to diminish.

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<sup>1</sup> *Medical Record*, Vol. XXIV, page 316.

<sup>2</sup> *HAHNEMANNIAN MONTHLY*, May, 1885.

<sup>3</sup> *Medical Record*, Vol. XXVI—541.

<sup>4</sup> *N. Y. Med. Jour.*, Vol. XXXVI, page 663.



Binz<sup>1</sup> has performed some experiments which would seem to show that iodoform also acts on the white blood-corpuscles, the leucocytes, by depriving them of their power of migration during inflammation.

The lungs being associated with the heart as thoracic viscera, it may not be amiss at this time to speak of a use that has been made of iodoform in diseases of these organs.

Singleton Smith<sup>2</sup> and Dreschfeld<sup>3</sup> have made use of iodoform in phthisis. The former gave the remedy in doses varying in from one to six grains five times daily. He treated forty-six cases. In twenty-nine of these there was absolute gain in body-weight amounting in one case to thirty-two pounds and in another to thirty-three. Other signs of improvement noticed were fall of temperature, diminution of cough and expectoration, cessation of night sweat and better appetite.

Dreschfeld used the drug either internally or by inhalations. His best results were obtained in cases of incipient and acute phthisis. In his conclusions he remarks that iodoform relieves vomiting and increases the digestive powers. He also observes that hæmoptysis is rather an indication for than against the use of the drug.

Veste<sup>4</sup> also claims to have used iodoform in phthisis, but in the form of inhalation. Given internally, he says, it produces no good effect but rather increases the fever. In apyretic and non-tubercular cases it has caused increased destruction of tissue.

Iodoform is capable of producing cutaneous eruptions in great variety. Neisser<sup>5</sup> cites several cases in which it caused an eczematous eruption of an exceedingly obstinate character. Erysipelas is said to have been produced by it in the German hospitals. Roehr<sup>6</sup> expresses the opinion that the cases of so-called erysipelas were in reality cases of erythema or dermatitis venenata.

Mr. Frederick Treves<sup>7</sup> reports a case in which iodoform had been used freely for three weeks. "At the end of this time the entire forearm, upon which was the wound, became evenly swollen, oedematous and a trifle red. On the following day a crop of vesicles was found on the forearm, the eruption having appeared in the night. The vesicles, about thirty in number, were small and varied in width from one to three lines. They were limited to the forearm and were not more

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<sup>1</sup> *Medical Record*, Vol. XXIII, page 95.

<sup>2</sup> *Brit. Med. Jour.*, Aug. 30, 1884.

<sup>3</sup> *Phila. Med. Times*, Sept. 23, 1882.

<sup>4</sup> *Jour. of the Amer. Med. Assoc'n.*, Jan., 23, 1886.

<sup>5</sup> *Phila. Med. Times*, Feb. 21, 1885.

<sup>6</sup> *Med. Record*, Vol. XXIV, page 364.

<sup>7</sup> *Practitioner*, Oct., 1886; abstr. in *Med. Record*, Nov. 6, 1886.

numerous in the vicinity of the wound. The iodoform was now discontinued, but the vesicles went on to suppuration, discharged a little and soon headed up. Three days later a remarkable exanthem appeared, covering the left arm and shoulder, the greater part of the face, nearly the whole of the front of the chest and some parts of both sides of the neck. The right upper limb, the legs, the abdomen, and the back were quite free. The eruption appeared in the form of patches. Each patch consisted of a number of closely packed papules. These papules were all of less size than a pin's head and were set upon a pink erythematous base. The little papules could be felt as well as seen, and they were paler than the surrounding skin. The erythematous patches varied in size from a sixpenny to a half-crown piece. They were irregularly round and ran the one into the other. The margin of each patch was clearly defined. The child presented no constitutional symptoms. "During the entire time of the existence of the eruption, there was an elevation of temperature, reaching 99° in the morning and 100° in the evening.

The best exposition of the eruptions from iodoform is that given by Taylor.<sup>1</sup> This authority divides the skin lesions due to the drug into erythema, eczema and purpura. The erythemata due to iodoform are prompt in their invasion and their extension is rapid. They may increase from an original focus of contact with the drug and extend over parts of or over the whole body, or they may also thus begin and be met with patches which have developed remote from the point of invasion. Then again, a more or less general erythematous rash may follow the simple act of smelling the agent without any contact whatever. Reaching their full evolution in one or several days, they, under favorable circumstances, rapidly undergo involution. In some instances the erythema is very superficial and comparatively mild and pinkish in color. In others, it is superficial but very deep in hue, and may be termed scarlatiniform so great is the dermal congestion. Then, in rather exceptional cases, and usually in those presenting more or less grave constitutional symptoms, the erythema presents, in its hue and branny feel, points of resemblance to erysipelas. The iodoform eczema is of rapid evolution. It may begin at the point of contact of the drug or at a distant point, or simply from smelling the drug. The erythema and infiltration go promptly on to vesication and the formation of a well-marked weeping surface in all respects similar to the eczema madidans. The involution is almost as rapid as the evolution, providing the toxic agent is removed. But in

<sup>1</sup> *N. Y. Med. Jour.*, Oct., 1, 1887.



some instances because of debility, of marked eczematous tendency, or of excessive idiosyncrasy, the affection shows a tendency to become chronic. Janowsky reports a case of purpura without systemic symptoms from iodoform.

Dr. P. Albert Morrow<sup>1</sup> and Von Zeissl have known urticaria to follow the local use of iodoform.

Iodoform has some action on the eye. Hirschberg<sup>2</sup> has met with amblyopia following the use of the drug. Hutchinson<sup>3</sup> records the case of a young man who after taking iodoform and creosote for a pulmonary difficulty, became amblyopic. The vision was reduced to  $\frac{1}{10}$ . The optic disc looked grayish-white. After discontinuing the iodoform, vision improved rapidly.

I shall next refer to a rather remarkable case of iodoform poisoning reported by Clark.<sup>4</sup> A boy, aged fourteen years, had had iodoform pencils introduced into a sinus. There followed great depression, nausea and vomiting of all food. The vomited matters were viscid and greenish in color. The pulse was feeble and ranged from 130 to 160. There was persistent dull headache and dull pain in the epigastrium. The temperature was above normal with marked morning remissions. It was at first thought that the patient had enteric fever, but owing to the marked remission in temperature and the localization of the pain in the epigastrium, this idea was abandoned. Clark remarks that the iodoform pyrexia is marked by extreme irregularity. It is always greatest in the evening, when it may reach  $104^{\circ}$ , while in the morning it may drop to  $99.5^{\circ}$ . The pulse was extremely rapid and feeble, the rapidity being in a great measure independent of the height of the temperature.

Zeissl<sup>5</sup> has observed albuminuria with epithelial casts in cases of iodoform poisoning.

Testa<sup>6</sup> has employed iodoform in gout. His reason for this practice is that the remedy causes an increase of oxidation processes within the system, increasing the amount of uric acid excreted. The amount of oxalic acid eliminated is also diminished even when the food taken is rich in oxalates. The dose he employs is from one to four grains daily, which Testa claims can be continued for months without toxic

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<sup>1</sup> *Medical Record*, Vol. XXXI, page 165.

<sup>2</sup> *N. Y. Med. Jour.*, Vol. XXVIII, page 553.

<sup>3</sup> *Ibid.* Vol. XLIII, page 16.

<sup>4</sup> *N. Y. Med. Abstr.*, Vol. II, page 356.

<sup>5</sup> *N. Y. Med. Abstr.*, Vol. II, page 356.

<sup>6</sup> *Jour. of the Amer. Med. Assoc'n.* Vol. V, page 231.

symptoms. Renal diseases he considers a contra-indication to the use of iodoform.

Diabetes is another disease in which iodoform has been used with a certain amount of success. The physicians who have thus made use of the drug are Moleschott, Drasch, Bezzoli, and Sarah E. Post. The<sup>1</sup> observation of all of these agree very closely. Iodoform is shown conclusively to diminish the amount of sugar and urea excreted. The therapeutic action was not progressive but was noted only in the early part of the administration of the drug and again on discontinuing it. To the homœopath this is an important observation; the first doses of the drug relieved; more aggravated; the aggravation ceased as soon as the iodoform was discontinued.

The foregoing remarks then constitute the total of our knowledge of iodoform as an internal remedy as found in allopathic journals. From this we must conclude that the drug must have a sphere of usefulness. In the first place, in certain forms of meningitis and spinal cord disease; 2d, in gastro-enteric disorders; 3rd, in organic heart affections; 4th, in fatty degenerations of heart, liver and kidneys; 5th, in skin diseases; 6th, in typhoid fever and scarlatina; 7th, in gout; 8th, in Bright's disease. To the homœopath, the complication of gout by renal disease will only be a stronger indication for a remedy producing albuminuria and tube casts. 9th, diabetes; 10th, phthisis.

In closing, I express my regrets at my inability to present a series of symptoms which shall enable us to differentiate iodoform from other remedies indicated in the class of cases enumerated, but such is, I think, in the present state of our knowledge of the drug, impossible. Enough has been said, I trust, to show iodoform to be a valuable addition to our armamentarium. If this essay shall encourage further investigations into the action of the drug with provings on human beings and shall suggest further research into its therapeutic action, my object will have been attained.

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### CAUSTICUM AND COFFEA.

BY EDWARD CRANCH, M.D., ERIE, PA.

[From the Transactions of the Homœopathic Medical Society of Pennsylvania].

These drugs, as named, appear to hold a relation to one another, similar to the relationship of sulphur and aconite; the one an antipsoric, the other of more limited sphere; the one covering more chronic symptoms, the other more acute; holding to each other antidotal,

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<sup>1</sup> *Arch. of Med.*, Vol. XI, page 116.



incompatible relations, a choice has often to be made between them, which, if wrong, cannot easily be rectified.

In the mental sphere, both have a marked excitability of mind and temper, easily excited to tears, wakeful, alert, anxious. Causticum inclines strongly to gloomy states; coffea to joyous ones. The sensitiveness to pain is in general more acute with coffea, more long-lasting with causticum. Both have acuteness of hearing, with sometimes crackling noises; both may have deafness. Both have prosopalgia and toothache, the toothache in both relieved by *cold water* or *ice*. In causticum cases the gums also suffer, with bleeding and tedious suppuration. Both have excessive appetite, with hurried eating, or else loss of appetite; both have aggravation from coffee, and relief from cold water.

Both have violent colic, without diarrhoea; both are useful in incarcerated hernia.

Both have straining at stool, but causticum has a few very marked characteristics in this department. The causticum patient manifests the greatest anxiety before the (hard) stool. The stool, soft or hard, can be passed better in a standing posture (useful in children). Both drugs have difficult, scanty urination, but causticum alone has, later, want of sensation in the urethra when urine passes, and even if a catheter is introduced.

Coffea increases the sexual appetite: causticum, as a rule, decreases it, and resents its activity.

Both have irregular, profuse, painful and even clotted catamenia, with pruritis and sensitive soreness at any time. Both have torturing pains in labor, with perhaps convulsions, but here the coffea patient inclines to loquacity; the causticum patient, except for her outcries, is silent, not talking.

Both have agalactia, but causticum alone has painfully sore and perhaps suppurating mammæ. Both have soreness and rawness of the larynx, with croupy hoarseness, but causticum has much the deeper action, including paralytic aphonia and sometimes membranous croup.

Both have intense dyspnoea.

Both have a continuous, annoying cough, with exhaustion, most severe with causticum, and then often associated with escape of urine at time of cough, although this latter symptom is very characteristic of *yerba santa*.

Both have palpitation; in coffea (states) more from nervous erethism; in causticum (states) more from organic changes, in chest, or from over-lifting.

Both have lameness in small of back ; but this is a special feature of causticum, particularly in labor pains. Coffea causes palsy, or tremor of limbs, upper and lower. Causticum causes choreic, and actual paralytic conditions, in which its action is strikingly powerful. Both are wakeful, coffea calmly so, or else mentally excited and bodily quiet. Causticum is especially restless in body, but quiet, or only fretful, in mind.

Both dislike climatic changes, either cold or warm, being sensitive to all outside impressions. Both affect the dark-complexioned, causticum more the feeble.

Causticum is by far the more powerful remedy, and reaches conditions that could never be touched by coffea, such as paralytic, epileptic, and choreic states, warts, caries, suppurative conditions, etc. ; but it is well to remember their similarity in many acute conditions.

Teste praises causticum in small-pox, and compares it to mercurius corrosivus, and he asserts further that causticum and coffea "are so nearly alike that coffea probably does not possess a single symptom which is not likewise possessed by causticum," and goes on to condemn the too frequent rejection, in chronic cases, of remedies like coffea, that have, or are supposed to have, a shorter period of action. He gives laurocerasus as the best antidote against causticum ; tabacum against coffea.

Causticum patients appear always more taciturn ; coffea subjects more talkative.

The foregoing sketch will indicate in which classes of disease the decision between these two may have to be made.

They are sensitive, erethistic states, facial irritations, neuralgias, convulsions, labor-pains, coughs, wakefulness, eruptive fevers, and so forth.

In general, whenever coffea is suggested, it will be well to look for some of the deeper symptoms, that may better suggest causticum.

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## NABULUS ALBUS IN CHRONIC DIARRHŒA.

BY W. A. HASSLER, M.D.

[From the Transactions of the Homœopathic Medical Society of Pennsylvania].

The subject that I have prepared for this occasion is a clinical report of nabulus albus, in the cure or treatment of chronic diarrhœa.

Rattlesnake root is a plant that grows on the mountains near the Atlantic Coast from Maine to North Carolina. There are five varieties of the plant. The roots are tuberous or spindle-shaped, the taste



is bitter. The root is the part that I used in making the tincture. It blossoms in the month of August and September; this is the time when the roots should be gathered.

In making the tincture I used four ounces of the root to one pint of 95 per cent. alcohol. This medicine I prescribed in four to six drop doses in some water three to four times a day. The first and second dilution I think acted better than the pure tincture.

My first case treated with this medicine was a young married lady, aged 22 years; had a child two years old, since which time she had a diarrhœa which she in vain tried to get cured. The evacuations numbered from two to eight daily. She had less when at home following her household duties. When she was away from home or had company, she had eight or ten stools in a day. This lady had been treated by both homœopathic and allopathic medicines without success. I diagnosed her case nervous diarrhœa and thought I had a remedy in gels., which I used from the third to the hundredth with no good. I gave nux., sulph., mer. iodid., with no benefit. I commenced to give nabalus albus in five-drop doses and in ten days I had a case of constipation. I stopped this medicine; the diarrhœa returned in a week.

I gave her a half-ounce bottle of the first x, five drops morning and evening for four weeks, when she pronounced herself well and the medicine was discontinued. This is fourteen months ago. She still is perfectly free from bowel trouble.

The second case was a young man twenty years old, who had typhoid fever eighteen months ago, and since had diarrhœa, from three to four stools after each meal. He also had been treated by a number of physicians without relief. He had taken all people had told him, in addition to twenty bottles of Brown's Jamaica Ginger. I gave him half an ounce of the *first*, nabalus albus, he to take from five to eight drops in some water after each meal. He was entirely cured, using only half an ounce.

The third case calling was an old man sixty years of age, who stated that he had suffered from chronic diarrhœa since he was forty-eight years old. He explained to me that he had been fishing with a party one summer night, took a chill, and became very sick with what his physician called inflammation of the bowels. He soon got better; in a few weeks he was up and about, but suffered from diarrhœa, which continued ever since. He tried many remedies and failed in all. Last September he came and said if I would take his case, no cure no pay, he would take medicine of me. I informed him that I was not in the contract business, but would take him. I gave him the second dilu-

tion of rattlesnake root, one ounce, to take two doses a day, ten drops for a dose, and not return until that was all taken. He reported after using the medicine; he said he had no more trouble after he had taken half of the medicine.

This is the history of three cases out of seven that I cured with this drug. The failures were three in ten cases. Those not benefited were people past fifty years of age. I have given this remedy to some fellow-physicians belonging to this Society, and the following are some of the reports they make:

Dr. Holben, of Slatington, Pa., reports one cure.

Our worthy President, Dr. Heller, of Hellertown, Pa., says he cured a lady suffering from chronic diarrhœa with two doses No. 40 pellets saturated with the tincture, that I presented to him.

Dr. Daniel Yoder, of Catasauqua, Pa., reports a cure: In the summer of 1885, a school-madam called on me to be treated for chronic diarrhœa that she had suffered from for the last three or four years. She suffered with a watery stool coming on after eating; sometimes she could not finish eating. I gave her one bottle of the rattlesnake root, told her to take two or three drops three times a day after meals. The diarrhœa ceased after using this medicine four weeks, but after six months it again returned. I gave her the same remedy, and cured her permanently."

#### CASES REPORTED BY DR. F. J. SLOUGH, ALLENTOWN, PA.

At a meeting held by the members of the Lehigh Valley Homœopathic Medical Society, Dr. W. A. Hassler suggested that *nabalus albus* had proved in his hands very effective in a number of cases of *chronic diarrhœa*. I immediately procured from Messrs. Boericke & Tafel the mother tincture, and commenced to use it in a number of cases to my satisfaction, in the first decimal and second decimal dilutions. The cases I have had in hand, some for five years, and others not so long, without being able to benefit them by sulphur, psorinum, cal. phos., mercurius, podophyllum, leptandra, etc., in high and low dilutions.

My first case I prescribed *nabalusalbus* for was Mr. S., aged 44; has been a sufferer for the last twenty years with from four to eight passages every twenty-four hours. His appearance indicated that he was a physical wreck; nothing but skin and bones, looking haggard and no ambition whatever; pain along the ascending and descending colon and rectum; the stools were thin, sometimes slimy, then again yellowish-white; worse at night and towards morning; has had no benefit of either old or new school treatment from a number of physi-



cians. Nabalus albus, first decimal, three drops in a teaspoonful of fresh water every three hours, made a remarkable improvement in the discharges within forty-eight hours; continued to improve daily until he considered himself a well man. For the last four months no more diarrhoea, good appetite, has gained some thirty pounds in weight. After the first forty-eight hours the remedy was only taken three times daily.

Miss R., aged 35; has had chronic diarrhoea for almost ten years; looks extremely emaciated; tongue coated yellowish, skin dry and scaly, great prostration; from three to six passages daily; pains around the umbilicus, along the ascending and descending colon; yellowish, greenish, and occasionally slimy thin stools, worse at night, no appetite and no digestion of any account; tenderness over the whole abdomen. Nabalus albus, 2<sup>x</sup> dilution, three drops in water every three hours until improved, then not so often. In about four weeks this case reported that in four days after taking the medicine she had no more diarrhoea, has gained wonderfully in flesh and strength, and considers herself a well woman. This case has remained well for the last three months. Five other cases that I have had under treatment, but not of so long standing as the above, inform me that they have no more trouble with diarrhoea since using the nabalus albus. Heretofore I have always had trouble to cure these cases, either with high or low dilutions, so that I was very much encouraged to find nabalus albus successful in pleasing every patient and myself. No provings being obtainable, I cannot give the exact indications. That it will cure all cases of chronic diarrhoea is impossible to expect of any one remedy, but by proving the remedy and trying it in a number of cases we may be able in time to get at the cases where nabalus albus is the indicated remedy.

This report as presented in the above cases, shows that nabalus albus will cure cases of chronic diarrhoea, and among them some of the very worst that a physician may find in his practice.

The way I came to use this drug for chronic diarrhoea, came about in this way: I knew for a number of years that a soldier, a tailor by trade, had the reputation of curing diarrhoea. A few years ago I employed him to do some work for me. I inquired of him what he used in his medicine. He said a root that he collected on the mountain, but could not give me the name. I requested him to procure some for me which he did, and I found it was rattlesnake root.

He gave me a history how he got to use it. During the war, while the command he belonged to was stationed in North Carolina, more

than half of the soldiers were suffering from diarrhœa. While talking to an old resident living in a log hut, he mentioned how he and his comrades were afflicted. The old man went with him to the mountain only a short distance away and showed him a plant, told him to put it in whisky and drink it. He did as directed, and the members of the company he belonged to were cured of their trouble. After he returned home he went hunting on the South Mountain and found the same plant. He prepared some in whisky. He always has some of the medicine in the house and gives to such as call on him for relief. If any member of this Society will have occasion to use it in such cases as he may have on his list, I should be pleased to hear as to his success or failure.

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### HERPETIC TONSILLITIS.

BY EDWIN H. VAN DEUSEN, M.D., PHILADELPHIA, PA.

[Read before the Philadelphia Medical Club].

This paper is based upon the study of twenty-five consecutive cases.

*Definition.* Herpetic tonsillitis is an inflammation of the tonsils, participated in also by the mucous membrane of the pharynx, and attended by an eruption of herpes covering the lacunæ of the tonsils, and sometimes coalescing or even extending to the half arches and palate.

*Etiology.* The disease seems to be contagious. Many cases occur without any known previous exposure, but in fifteen of the twenty-five cases the patients had been in intimate contact with others suffering from the disease. In one family there were six cases, extending over a period of as many weeks. In another there were five cases, one on the fifteenth, one on the twentieth, two on the twenty-fourth and one on the twenty-fifth of the same month (November). In another there were four cases, beginning on December 31, January 19, 24, and February 7, respectively. In other cases, including the first case in each of these families, there was a likelihood of previous exposure to the disease. In fact there is only one case in the twenty-five in which there was no likelihood of contagion.

Age seems to exert very little influence upon the susceptibility to the disease, except that infants are not so liable to be attacked, and when attacked are not likely to have the disease in a severe form. In the twenty-five cases there was only one infant, although there were infants in four other families in which the disease prevailed, and in



three of which the mothers were attacked. This one case was very mild. In the other cases the age varied from two and a-half to fifty years.

The winter season is the one in which the disease prevails to the greatest extent. Probably nine-tenths of all cases occur between the first of November and the first of April. Cold, damp weather and insalubrious surroundings, in fact, any conditions which tend to exert a depressing influence upon the health, act as predisposing causes in this as in most if not all other diseases.

It is rare to find the disease in any severity in the houses of people in comfortable circumstances. Its home is in tenement houses where insufficient breathing space, insufficient food of proper quality, and inattention to personal and public cleanliness are the conditions which seem to support existence.

In two of the twenty-five cases, the disease made its appearance during an attack of scarlatina. In these the throat symptoms appeared during the decline of the eruption, and continued into the stage of desquamation. They were ushered in by a marked increase of temperature, restlessness, and soreness and stiffness in the back of the neck, followed by patches on the tonsils and pain on swallowing, succeeded in turn by herpes labialis, and in one case by a swelling of one parotid gland as large as a small orange, which was painful, although not severely so, and which softened at the most prominent point, but subsided in a few days without opening.

The time from exposure to the outbreak is difficult to establish from so few cases, but it is probably about one week, or from five days to two weeks.

Marsie R. was attacked November 15; Mrs. R., November 20; Mr. R., November 24; Melton M., a cousin living in the same house, November 24, and Chas. R., November 25.

Mrs. S. was attacked November 25. Mrs. G. visited her on the 28th inst., sitting with her for half an hour or more, but on being informed that the disease was probably contagious, she withdrew, rather hastily, but in good order. She was attacked on December 6.

Miss H. came home from a visit the first week in December suffering from what was called a mild attack of quinsy, but which from the symptoms, was clearly herpetic tonsillitis. On December 8 Oliver H. was attacked; on December 20, Mrs. H.; on December 26, Maggie H., and on January 3, Irene H.

Except in the case of Mrs. G. the exact date of exposure is only to be conjectured, although in the other cases the evidence is strongly in

favor of the supposition that it preceded the development of the disease by about one week. During this period there are no symptoms except, perhaps, slight malaise.

*Symptoms.* The onset is sudden. The patient either awakes with a high fever and a belief that he is very sick, or the feeling of sickness and feverishness comes over him rapidly after a preceding period of restlessness, and, perhaps, depression, with a sense of impending evil of an ill-defined nature. There may be chilliness, flushing, nausea, vomiting, faintness, headache, dizziness, nervous depression even to tears, aching pain in the limbs and back, and there is usually pain and stiffness in the back of the neck and in the sterno-cleido mastoid muscles. An examination of the throat will reveal redness of the mucous membrane of the fauces, and an enlargement of one tonsil, sometimes both, but one always much greater than the other. At this time the throat may not be complained of, unless the questions of the examiner are pointed. Soon, however, in a few hours at most, pain on swallowing becomes a prominent symptom. The pain in severe cases accompanies every motion of the jaw, and on swallowing it extends to the ears and to the temples. Now, an examination of the throat will reveal a deeper red color of the mucous membrane, and a herpetic condition of the tonsil most affected. The blisters are small, but sometimes several coalesce, forming one large blister of perhaps one-fourth inch in diameter. In the course of a few hours these blisters collapse and become membranous in appearance, and extend so that their edges unite and form irregular patches of varying size. The color varies from whitish, or dirty white, to yellow, or slightly greenish. The breath becomes offensive, the tongue coated, the pain on swallowing becomes greater, and food and drink are refused. The voice and articulation are altered in character as in quinsy, probably more from the effort to articulate without using the muscles at the root of the tongue and of the pharynx, than from the swelling of the parts. Sometimes the tongue is considerably swollen, and salivation is a prominent symptom. Then the face assumes a besotted expression from the partly open mouth overflowing with saliva, and the relaxed condition of the muscles of the lower part of the face. There may possibly be at this time a partial paralysis of some of the pharyngeal or lingual muscles, but this is difficult to determine since pain may be the only element in the interference with articulation. At any rate, patients in this condition find much difficulty in pronouncing syllables in which two consonants are combined without the intervention of a vowel. Thus the word *fame* might present no difficulty, nor



would *lame*, but *flame* will be pronounced with much difficulty and indistinctness, or perhaps not at all. In one case this condition persisted for more than a month after all pain had subsided. The defect seemed to be one of co-ordination rather than loss of ability to pronounce any one sound, or set of sounds.

A rather remarkable feature of this disease is that with the outbreak of the symptoms localized about the mouth and pharynx, the general symptoms, such as faintness, dizziness, pain in the limbs, nausea, headache, nervous depression and fever, subside. The soreness, aching and stiffness of the neck usually persist. The patient suffering with the severest of these localized symptoms may be up and dressed after having been in bed with the earlier general symptoms.

As the patient grows better, all the symptoms subside in an order almost the reverse of their advent. The tongue becomes clean and more freely movable, the breath is less offensive, the mouth can be opened with less pain, the tonsils diminish in size, the patches disappear, the stiffness of the neck improves, swallowing is less painful and a new symptom often supervenes, herpes labialis.

The temperature during the disease may reach 103° F., but rarely more. It reaches its height in from six to thirty-six hours, and then gradually subsides, rather rapidly at first, but more slowly later. Mild cases get well in two or three days; bad cases in from one to two weeks. The tonsils, however, do not return to their normal size in less than a week or ten days, and sometimes remain distinctly enlarged for a month or more.

*Complications and sequelæ.* As already stated, the disease may make its appearance during the progress of scarlatina, and probably also of any other of the exanthemata. In the two cases in which it occurred it developed as the eruption was disappearing and ran a regular course, desquamation progressing at the same time. Its occurrence at this particular time is probably simply a coincidence.

An induration and enlargement of the cervical lymphatics and of the salivary glands, especially the parotid, is a common accompaniment and sequel. In no case did the enlargement go on to suppuration, although in one case it was very great and pus seemed to have formed. Preparations were made for opening the supposed cavity, but when the time came the enlargement had subsided so much that the operation was postponed and the diminution continued to complete resolution. The disease seems to be distinctly non-suppurative in its tendencies.

Paretic conditions are frequent sequelæ. The muscles in which the paresis is most noticeable are those of the soft palate, tongue and

pharynx, and the greatest impairment of function, of course, displays itself in speaking. In one case, that of a woman of about fifty years, this condition persisted for more than a month after all other symptoms had subsided. She could pronounce every vowel sound and every consonant sound alone, but an attempt to pronounce any word containing two consonants without an intervening vowel, resulted in such a failure that to a stranger the word was indistinguishable. There was absolutely no pain attending this condition, and at no time had she had any considerable enlargement of the tonsils, although her attack itself had been an especially painful one.

Patients also often complain for some days, or even weeks, of weakness of sight which seems to be due to defective accommodation, probably the result of muscular weakness. The whole muscular system is weakened out of proportion to the length and severity of the illness.

Herpes labialis is an almost constant sequel, and is often very troublesome, coming, as it does, just as convalescence is well established and the appetite and ability to swallow are returning.

*Diagnosis.* Bosworth's work on throat disease is the only one in which I have found this condition described as a disease *per se*.<sup>1</sup>

It is mentioned in some works as a modification of other diseases occasioned by a condition of system which evinces itself by a tendency to herpetic eruptions at or about a focus of inflammation. In other works it is not mentioned in any connection.

I believe the name herpetic tonsillitis to have originated, or, at least, to have been promulgated by Dr. William Pepper, but whether he used it in the same sense as here intended, I do not know. Bosworth calls the disease follicular tonsillitis, and considers the small, pearly spots which first appear on the tonsils, to be only the overflowing secretion from the follicles, and gives as a crucial test of the absence of any membrane the ability to push a probe without resistance into the open mouth of the follicle. This does not militate against the existence of a herpetic condition of the mucous membrane surrounding and dipping down into the lacunæ of the tonsils, and this is the condition that I believe to exist. The secretion from the follicle could be readily wiped off. The blister cannot.

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<sup>1</sup> Since writing the above, my attention has been called to an article written by S. Solis Cohen, and published in the *Medical Record* of July 11, 1885, in which he describes a case of chronic herpes of the tonsil, and then mentions the frequency of the acute disorder, which he calls herpetic tonsillitis, and briefly describes in such terms as to leave no doubt that his use of the term is identical with mine.



The affection as I have seen it, I believe to be as distinct a disease as quinsy, and I have no hesitation in stating my firm conviction that many cases diagnosed as diphtheria belong among the cases I have endeavored to describe, as do also many that are called quinsy, some that are called pharyngitis, and some, glossitis.

To recapitulate, the disease is characterized by a sudden onset, with chilliness, or flushing, or nausea, or vomiting, or dizziness, or headache, or nervous depression with sense of impending evil and weeping, any or all these symptoms, and more constantly pain in the limbs and back, and still more so, pain and stiffness in the back of the neck. A sudden elevation of temperature soon succeeds, rarely going above 103° F. The mucous membrane of the pharynx becomes of a rather deep-red color, and the tonsils are slightly enlarged, one always more than the other. Blisters then appear on the most affected tonsil, but they are not often seen because they remain only a few hours and are succeeded by membranous appearing patches. With the appearance of these patches the fever subsides, and although the pharyngeal and tonsillar inflammation continue, together with exquisite pain on swallowing, and a swelling of the tongue, and profuse salivation, etc., the temperature does not again materially increase.

Diphtheria is rarely or perhaps never characterized by a sudden onset, and as the disease progresses there is a continued increase, or, at least, a continued elevation of temperature. There is no subsidence when the membrane makes its appearance. Then, too, in diphtheria affecting the tonsils alone, there is no involvement of neighboring glands, while in herpetic tonsillitis, although the patches be confined to the tonsils alone, or even to one, involvement of the parotid gland is almost constant. In diphtheria affecting the tonsils alone there is no marked dysphagia.

In suppurative tonsillitis the onset is not so sudden, nor so violent, and the swelling of the tonsils is greater. The patches on the tonsils, too, differ very distinctly from the pultaceous, yellowish secretion from the follicles occurring in quinsy. In none of the cases of herpetic tonsillitis that I have seen or heard of, has the inflammation, either in the tonsil or elsewhere, gone on to suppuration. The evidences of contagion, too, are such as do not occur in quinsy.

I have seen the statement that tonsillitis (quinsy) is occasionally followed by paralysis of the palate, and even the accommodator muscles of the eye, and I have wondered if these cases should not be classified under another head.

Pharyngitis is unattended by any characteristic deposit on the ton-

sils, and they are not implicated to any considerable extent, while it is very common for the inflammatory trouble to extend to the larynx, an occurrence which I have never observed in herpetic tonsillitis.

The tongue is often considerably swollen, and salivation is a persistent and annoying symptom, and the odor of the breath is heavy and offensive. Here, however, the similarity to glossitis ceases. I think glossitis is more likely to be a symptom than a disease, and I even doubt if idiopathic glossitis ever occurs, unless it be mercurial in origin.

*Prognosis.*—I know of no unfavorable termination in any case. The majority of cases are mild, and would speedily progress to complete recovery without any remedial assistance. Treatment, however, relieves the severity of the symptoms and hastens recovery. This statement is based upon a comparison of a few mild cases treated with a few drops of alcohol in water or sac. lac., with the remaining cases in which drugs were used.

*Treatment.*—Apis 2<sup>x</sup>, bell. 1<sup>x</sup>, acon. 2<sup>x</sup>, merc. 3<sup>x</sup>, merc. iod. rub. 3<sup>x</sup>, and merc. corr. 6, have been the principal remedies used.

Acon. is indicated in the beginning when there is fever, rapid pulse, restlessness, and anxiety and thirst.

Apis is to be given in the beginning when there is fever, nervous depression, tearfulness, pain in back and limbs and back of the neck, and little, if any thirst. It often was the only remedy used throughout the case on account of the marked and continued relief that it occasioned. It is useful in all stages, and I believe it to be the remedy upon which most reliance is to be placed. I have frequently returned to apis with good effect after having given other remedies which seemed to be more clearly indicated, but which had not the least beneficial effect.

When the salivary and lymphatic glands about the angle of the jaw are implicated, and there is an ulcerated condition of any part of the mucous membrane of the mouth or throat, merc. iod. rub. will be found to be useful.

Merc. corr. is useful in cases attended by swelling of the tongue with great salivation and entire inability to swallow. Apis here is also useful.

For the swelling of the parotid gland which sometimes follows these cases I have used calc. carb., merc., and hepar sulph. I doubt the utility of hepar, and in another case would not use it without a stronger indication than I have yet observed.

The treatment of this disease is eminently satisfactory. Severe



symptoms quickly give way under the use of proper remedies, and even when suffering most, patients can with safety to the doctor's reputation be assured of their complete and probably speedy recovery.

### PECULIAR EFFECTS OF FLAXSEED.

BY H. E. KISTLER, M. D.

[Read before the Homœopathic Medical Society of Philadelphia County.]

Within the past sixteen months I have had a number of attacks of what was supposed to be hay fever, but which I now believe to have been caused by inhaling particles of flaxseed meal. The first attack occurred October 23d., 1886, at Downingtown, Pa.

The symptoms commenced while adjusting a flaxseed-meal poultice to a child's chest, and were as follows: Burning-itching sensation in nose and eyes; violent and almost incessant sneezing, accompanied by profuse lachrymation, intolerable itching of eyes and eyelids, injection and swelling of conjunctivæ until they protruded from between the swollen lids; profuse mucous discharge from nose, with swelling and heat of nose; increase of saliva so that it came from the mouth in a stream; much burning, scraping and constriction in fauces and pharynx; posterior nares and Eustachian tubes seemed to be closed by constriction; redness and swelling of uvula and palatine arch; swelling and constriction of throat, with sensation as if some large body had lodged in the upper part of œsophagus. In a half-hour a croupy, whistling cough developed, with spasm of the glottis at each cough, and distressing dyspnœa, so that I spent the rest of the night with my head over the spout of a steaming tea-kettle. In the morning I returned to the city and had no more symptoms. I ascribed this attack to some peculiarity in the atmosphere of Downingtown. March 13th, 1887, five months later, I was again called to Downingtown to a case of malignant diphtheria; and, owing to dyspnœa having developed, a flaxseed poultice had been applied. Shortly after my arrival I commenced sneezing and had a paroxysm very much like the one in October.

This time the cough was the most distressing feature; it seemed as though hooks were tearing upward from bifurcation of trachea to larynx, where it was especially painful; had to grasp the larynx with one hand and support the chest with the other while coughing. From sneezing and coughing I became heated and sought the open air, which relieved me, but gave me a cold.

Next day I returned to the city and took cepa, which relieved the head

symptoms, but the cough and pain in the larynx continued and hoarseness developed. Dr. Mohr gave me phos. on the following day which relieved me at once. I now resolved to keep away from Downingtown.

In November, 1887, while tired and worn out from night watching and anxiety, I was again subjected to the influence of flaxseed. My child had had erysipelas and, while convalescing, an abscess developed upon the head. Flaxseed meal poultices were used to aid in maturing it. Quite often I would mix the poultice myself and aid in adjusting it, and each time I would have a paroxysm of sneezing with lachrymation, and increase of mucus in nose and mouth, just as before. The abscess proved obstinate and required much poulticing, and in a few days I became averse to entering the room where the poultices were mixed, and would stay there only long enough to make a poultice and sneeze a half dozen times. Always after sneezing three or four times I became very much heated and had a pricking sensation in the skin all over the body. I soon found, that by going out into the open air, all discomfort would cease, and would not return until I again entered that particular room. I supposed that I caught cold from rushing into the open air, however, in a few days I suffered severely from bronchial asthma, (ars. alb.) Upon reflection, I now for the first time suspected the cause to be in the flaxseed meal, and mentioned it to several physicians, among them Dr. Bauer.

Dec. 15th, 1887, Dr. Bauer had paronychia, and resorted daily to poultices of flaxseed meal, which he mixed himself in his study. While Dr. Bauer was nursing his thumb I called daily to see him. Strangely enough he and I had forgotten about my peculiar idiosyncrasy. Each day a few minutes after my arrival I would have a paroxysm of sneezing, with profuse lachrymation, fluent coryza, and increase of mucus and saliva in the mouth. These symptoms would increase until I was forced to the open air, where I would soon experience relief, and have no symptoms until the next day when I would again go through the same performance. I accused Dr. B. of having something in his study offensive to me; he then called my attention to the flaxseed, and I discontinued my visits and had no more paroxysms.

Dec. 28th.—From indiscreet bathing I caught a slight cold, felt stopped up in head; sneezing, with slight watery discharge from nose; otherwise felt very well. Here was a chance to experiment. I requested my wife to make me some flaxseed tea, and to make it in a secluded part of the house.



Of this tea I took a half-teaspoonful warm, and at once remarked how soothing and slippery it felt; but my remark was scarcely finished when my throat seemed to close and I felt that I was suffocating, and made frantic efforts to speak but could not, and would have fallen down but for support. This suffocation was not repeated. At once a cough developed, with violent sneezing; profuse lachrymation and coryza; saliva accumulated faster than I could spit it out, and severe nausea ensued. I at once went to bed, laid upon my stomach, and vomited and sneezed, and sneezed and vomited, until I thought my stomach would burst or my head would split. Discharge of clots of blood from nose. The vomiting was profuse, yellow, tenacious mucus. I drank a pint of hot water which washed my stomach out and relieved me. I slept soundly until morning and awoke without a symptom of cold.

January 1st, 1888. I called at my sister's house and while taking lunch I felt the premonitory symptoms of a flaxseed paroxysm, and accused her of using the baneful stuff. She declared that she had not used any for four days, but that previous to that time had used it daily for three weeks. I took my departure at once, minus my lunch, having to sneeze five or six times.

January 18th, 1888. I took a pinch of flaxseed meal and smelled of it, and in a half minute sneezed; at once sought the open air and the sneezing ceased in about five minutes, but the usual scraping feeling in the throat and fauces continued all day.

Dr. Skinner reports the case of a man who received an injury to his shin from falling; poultices of linseed meal were applied, and soon after the man was seized with severe dyspnoea, like croup or diphtheria, hard and snoring, labored and stertorous; eyes much swollen and lachrymating; face also swollen, and there was profuse fluent coryza; fever and irritability; (measles) he had had similar symptoms before from the application of linseed poultices. (Org. vol. 1, p. 235.)

Also a case reported in *Homœopathic World*. August to November, 1879.

I should state that in my case there was always a peculiar irritability present; impatience; anger; inclination to swear, and to handle things roughly. There is no doubt in my mind that the flaxseed as sold in the pharmacies is an irritant to my respiratory mucous membranes; but whether or not it is the flaxseed *per se* is an open question.

Concerning American flaxseed there does not appear to be anything written; and for information regarding the flaxseed of commerce I draw from a paper by Mr. Holmes, *New Remedies*, 1881, page 294:

"Flaxseed of commerce is divided into two groups. The first group, characterized by the seeds being of sufficient size for six or seven to weigh a grain, contains Bombay, bold Calcutta, Silician and Ionian seeds. In group of small seeds (12 to 14 to a grain) are English, Dutch, Russian and ordinary Calcutta."

Flaxseed is adulterated with weed seeds, especially cruciferous seeds. In a dozen samples there was found from  $1\frac{3}{4}\%$  to 10% of foreign seeds; 7 to 8% occur naturally, and in very foul land 20 or 30%.

Dr. Völcker found more than 25 kinds of weed seeds in linseed. *Journal of Royal Agric. Soc.*, IX, page 5. Dr. Noble, *Handbuch der Samenkunde*, page 439, gives a list of 41 species.

The weed seeds being smaller are separated by sifting and are then added to flaxseed to form 2d, 3d and 4th qualities, according to price.

In linseed shipped from ports of Russia the mixing is effected at sea. The vessel is followed by a barge loaded with weed seeds, and when at sea the mixing takes place, and the result is sold as "genuine imported."

It should be remembered that the crushed seeds rapidly oxydize when long kept, and acquire a degree of rancidity very injurious when a poultice made from the meal is applied to an open wound. The nettle rash and inflammation of air passages occasionally occurring while using poultices are said to be due to the cruciferous seeds.

Seeds other than grass and cruciferous seeds found in linseed in quantities are from the following natural orders:

1. Polygonaceæ; *P. persicaria*; *P. convolvus*.
2. Chenopodaceæ; *C. Glanum*; *C. Album*.
3. Illecebraceæ; *Spergula arvensis*.
4. Compositæ; *Centaurea cyanus*.
5. Graminæ; *Panicum*.
6. Pedaliaceæ; *Sesamum Indicum*.
7. Leguminosæ; *Medicago*.
8. Rubiaceæ; *Galium*.

Among the plants whose seeds are used to adulterate linseed there are a few that have been proven and incorporated in Allen. I have looked up these few remedies and noted symptoms of the respiratory organs, and find some symptoms almost identical with mine.

*Sinapis alba*.—Profuse accumulation of water in mouth with copious secretion of frothy saliva; so rapid that he could not sufficiently spit it out; with nausea.

Scraping feeling in fauces provoking frequent hawking.

Sensation as of a hard body lying high up in the œsophagus; constriction on swallowing food.



Retching and vomiting of water, with violent retching and burning in stomach and abdomen. Ejecta by vomiting consisted of flakes of mucus with black veins like clots of blood; yellow, odorless, and tasteless, and contained much tenacious and gelatinous mucus, followed by scraping in throat and burning in mouth.

*Sinapis Nigra.* Catarrhal symptoms began to develop themselves and thinking I had caught a severe cold I stopped the proving. Immediately on touching tongue to it, a pungent odor went up through nostrils to eye, making me sneeze.

*Polygonum Acre.* Itching and burning in eyes; frequent sneezing as from cold in head; smarting raw feeling in pituitary membrane; sensation of heat in mouth and throat from roots of tongue to pit of stomach; smarting and burning and scraping in the throat.

*Iberis.* Constrictive choking sensation in throat, with fulness and heat.

*Centaurea.* Lachrymation, smarting and itching of conjunctiva; injection and inflammation of conjunctiva and sclerotica; nose runs water.

*Cochlearia.* Eyes swollen; scraping in throat with nausea, retching and vomiting bilious fluid.

*Linum Catharticum* (purging flax), presents a few catarrhal symptoms; fluent coryza, sneezing, nose stuffed and running; rawness of throat; frothy sputa.

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DISCUSSION:—DR. JNO. C. MORGAN thought that Dr. Kistler's idiosyncrasy was remarkable. He saw no reason for adulterating flaxseed, and moreover, he had never known any foreign seed to be mixed with the flaxseed sold in Philadelphia, and he put up a great deal of it. Of course when the seeds are brought in from the country we must expect to find some foreign matter, but these are readily cleaned out by a good druggist.

DR. AUG. KORNDORFER said that a prominent linseed oil manufacturer had told him that it was nearly impossible to get a sample of flaxseed that did not contain other seeds. As far as sinapis is concerned, it produces symptoms similar to these of Dr. Kistler's; yet the speaker would not like to say that flaxseed might not have produced some of these symptoms or even all of them. As bearing on the subject of idiosyncrasy, Dr. Korndorfer related the case of one of his patients who could not eat anything containing egg, no matter how small the quantity. He also related the case of a lady who was seized with asthmatic paroxysms when near apples.

DR. DUDLEY asked if the mixture of sinapis with flaxseed accounted for the benefits derived from the use of flaxseed tea in strangury.

DR. MORGAN said that he had always been taught that this therapeutic effect of the drug was a mechanical one.

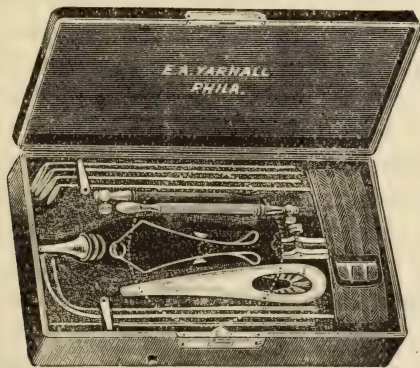
DR. H. E. KISTLER in closing the discussion said that he had not tried the effect of pure flaxseed because he could not get any of the pure article. He could eat mustard or horse-radish without any unpleasant consequences. He had eaten nasturtium in ketchup without any trouble. He had been told that there were forty-three different kinds of seeds mixed with flaxseed.

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#### AN INSTRUMENT CASE FOR THE THROAT, NOSE AND EAR.

A few years ago I was so frequently asked—by the students of the Hahnemann Medical College—to recommend a set of throat instruments, that I determined to have a case prepared which should answer the purposes required. Such a case was then constructed, but has since been modified a number of times.

On account of frequent inquiries and occasional letters it was thought best to present here a cut of the case now recommended, together with a statement of its size and contents.



The dimensions are  $8 \times 4\frac{1}{2} \times 1\frac{1}{2}$  inches. It contains one three-and-a-half-inch head mirror (represented by dotted lines) and band; four laryngeal mirrors, *viz*, one No. 2, for rhinoscopic use; one No. 3, for syphilitic, and one No. 3, for non-syphilitic cases; and one No. 4 or No. 5, for adult laryngoscopy; two movable handles, one white and one black, for non-specific and for specific cases, respectively; one laryngeal applicator; one pharyngeal applicator; one nasal and aural



applicator; one nasal speculum; three aural speculæ, and one tongue depressor.

The laryngoscopic mirror and the applicators are held in position by metal turn-buttons, while the lid of the case holds the other instruments firmly in their positions.

It is believed that the space is pretty thoroughly utilized, and that all of the instruments necessary for an ordinary examination and treatment of the throat, nose and ear will here be found. Syringes and Politzer bag were necessarily excluded as adding too greatly to the size of the case.

HORACE F. IVINS

1319 ARCH STREET, PHILA.

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## Translations.

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### INTERESTING ITEMS FROM FOREIGN JOURNALS.

[Translated for THE HAHNEMANNIAN MONTHLY, by S. Lillenthal, M. D., of San Francisco, Cal.]

**A CASE OF ANILINE POISONING.**—Lizette, aged 23 years, passed through an easy confinement and puerperation. Before leaving the maternity she attempted suicide by stealing from the laboratorium a vial of oil of aniline, as it is used in coloring tubercle-bacilli, and took in the night of February 13th, about 10 grains at once and then went to bed. A few hours afterwards the nurse had her attention directed to her on account of her moaning. The interne observed cyanotic color of face and extremities, frequent breathing, dilated pupils, and a penetrating odor of oil of aniline. Vomiting was produced by giving her milk in copious draughts. The vomited matter was of a yellowish-brown color and of the odor of the oil. An hour afterwards slight somnolence set in, increasing towards morning to total unconsciousness. During the forenoon she was transferred to the medical clinic, where Dehio found her lying on her back, perfectly unconscious, with closed eyes and not reacting to calls or punctures; fails to swallow when fluids are put in her mouth; dilated pupils, with good reaction to light; all muscular activity inhibited. Nose cool, hands and feet warm, color of face and chin very pale, also the visible mucous membranes. A peculiar grayish-blue color is visible in the face, abdomen, hands and feet; especially about alæ nasi, lips and chin, about the gums, lids and conjunctivæ. There is no œdema, the skin can be raised everywhere in folds. Breathing (25 to the

minute) somewhat accelerated, irregular and uneven. Inspiration deep, expiration long-drawn accompanied by moaning; the interval between expiration and inspiration is wanting; no cough; voice clear; at the lower lobes of the lungs slight moist rales and ronchi sibilantes everywhere, vesicular breathing, nowhere dullness. Mammæ full, secrete some milk. Abdomen soft and compressible. Pulse 132, not full or tense; heart's sounds clear and normal, also spleen and liver normal; temperature 36.9.

During the first twenty-four hours the bluish coloring, the deep coma, the accelerated, deep, spasmodic breathing and the increased activity of the heart continued. She received every three hours a hot bath of 30 R., and during the bath cold douches were applied on head, chest and back, without any result. Pulse small and compressible, 124-136; during the inspiration the pulse wave was decidedly lower; temperature fell to 35.7 C. Urine taken with catheter, fourteen hours after poisoning, 585 cc., specific gravity 1019, deep yellow, turbid, very acid, containing neither albumin nor sugar. No biliary coloring matter. Microscopically leucocytes and some vesical epithelium were detected. Prof. Dregendorff examined this urine and found anilin and paratoluidin with their derivatives. In the evening the catheter brought away 320 cc. urine, specific gravity 1020, perfectly clear, yellowish-red, free from albumin, but of darker color. Gmelin's test showed biliary coloring matter. At 10 P. M. a small venesection, blood very dark, brownish, coagulating after ten minutes. The serum which had separated itself during the night, was of an intense yellowish-red color and Dregendorff found in the blood, just as in the urine, anilin, toluidin and their derivatives. During the night the breathing became more quiet and the comatose state lessened in a slight degree. Thirty hours after the poisoning, temperature 37.0; pulse 112; respiration 36, more even, no moaning; skin moist, forehead and face covered with a profuse sweat. She rests quietly on her back, eyes closed but when needles are stuck into her, she tries to prevent it. During the night the body and conjunctivæ took on an icteric color, spleen and liver not enlarged. 510 cc. of acid, clear, dark-red urine drawn with the catheter. Gmelin's test gives intensive reaction of biliary coloring matter, but shaken with chloroform no increase of biliary acids could be detected. Towards noon she began to swallow and copious, yellowish-brown stool followed an enema. Towards evening copious perspiration over whole body; she opens her eyes and stares with an apathetic expression; she does not speak nor move about spontaneously. Pulse 104, small waves, can hardly



be felt; sounds of heart weak but clear; respiration 32, superficial; some cough; everywhere vesicular breathing; extremities warm; temperature 37.7. Stimulants of brandy. 445 ccm. urine, specific gravity 1018, drawn. During the night she urinates and defecates in bed. On the third day after the poisoning consciousness fully established. She replies lazily but clear, complains of headache and is sensitive to pressure over left abdominal region. She can move, but feels so prostrated that she cannot turn herself alone in bed; pupils dilated and well reacting. Pulse 108 and of better strength; respiration 26; breathing free. The icteric color of skin and conjunctivæ increased; liver does not seem enlarged nor sensitive to pressure, spleen the same. The bluish color can yet be seen under the mammæ, at the nates and in the inguinal folds; temperature 37.5. Brandy, milk, beef tea. Towards evening a free alvine discharge; complains of severe headache; no appetite, extremities warm. Slept poorly during the night.

Fourth day—Apathy, does not want to eat or drink, less headache; copious leucorrhœa; temperature 37, pulse 88, respiration 28; complains towards evening of sensitiveness in epigastrium; no nausea nor vomiting; urine drawn 1325 ccm., red-brown, acid, rather turbid, usual biliary reaction.

Fifth day—Temperature 36.8; pulse 88; respiration 24; less headache, icterus increased in intensity; retention of urine seems to be simulated.

Sixth and seventh day—Good sleep; temperature 37.5; pulse 108; respiration 24; prostration still the same; urine drawn is nearly black, acid, and, when standing, deposits a copious brown-red sediment showing clearly oxyhæmoglobin, but no biliary coloring matter any more.

Eleventh day—Temperature 36.6; pulse 96; icterus gone, the waxy color of the skin and mucous membranes now more visible; her adipose tissue nearly gone, muscles relaxed, and without power; fair appetite; a drop of blood from her finger looks pale and watery, and gives 1,400,000 red blood-corpuscles to the cubic milimeter.

Fourteenth day—Temperature 36.9; pulse 99, patient very weak, complains of drawing pains in abdomen and extremities with a sensation of numbness in them. Rapid emaciation and anæmia. Kind of marble paleness; lips without any color. No pains in bladder; urinates freely every four to six hours, urine of straw color, slightly acid, and turns alkaline when standing, depositing a more purulent sediment and a trace of albumin. The sediment consists of leucocytes, epithelium and solitary hyaline cylinders; pulse frequent, small, compressible; constipation.

Eighteenth day.—Moderate diminution of hepatic dullness can be demonstrated. Examination of the urine for lecithin and tyrosin gives a negative result. Two counts give three to three and a half millions of blood corpuscles to the cubic millimeter of blood. Urine passed daily about 1650 ccm., containing urea 1.06 % = 18.02 gm.; uric acid 0.0156 % = 0.27; chloroform 0.072 % = 1.97 gm. NaCl;  $\text{SO}^3$ , 0.04 % = 0.68;  $\text{P}_2\text{O}_5$ , 0.08 % = 1.36, showing that the normal constituents of the urine were reduced one half, and nothing else could be expected with such anæmia, whereas the chlorine excreted in twenty-four hours was about the one-tenth of the normal. During her recovery many hysterical symptoms set in, and after a few weeks she was well enough to be discharged.

Dehio considers the first action of the poison to be on the central nervous system, as the unconsciousness, the absence of cutaneous reflexes, and of all voluntary motions, the great acceleration of the pulse, the respiratory changes, the fall in temperature and the copious sweating show. Most of these symptoms disappeared after the third day, except the acceleration in the pulse, for which the anæmia may be blamed. The bluish-gray color, appearing early, did not look like a true cyanosis, for it had more of a leaden tint, probably caused by the coloring matter contained in the anilin.

Whether the icterus was hepato-genous or hæmato-genous is uncertain. On the sixth day the bilirubin had disappeared from the urine, although it looked much darker than before. Henceforth we dealt with hæmoglobinuria which lasted till the tenth day and then ceased. During these few days only one fourth of the normal number of blood-corpuscles was present, which explains the excessive debility and prostration and the cadaverous paleness, by anæmia.

One conclusion can be reached from this interesting case: the oil of anilin is a poison, which may produce in one and the same person icterus and hæmoglobinuria. Muller found in his case methæmoglobin in the blood, and in our own case the blood from the venesection was also peculiarly dark and brownish.—Dr. Carl Dehio, in *Berl. Clin. Wochenschrift*, 1. 1888.

CALOMEL IN CARDIAC-DROPSY.—Prof. Nothnagee, of Vienna, in an article on Nephritis, (*Wiener Med. Zeitung*, Jan. 1887,) after praising the action of pilocarpin (0.01 to 0.03) as a diaphoretic, praises calomel as the chief diuretic, and mentions Jendrasik, of Pesth, as the originator of this treatment. It is curious that pilocarpin as well as calomel fails in reducing the anasarca when the action prevails on



the salivary glands, and Jendrasik therefore combines his calomel with jalappa in order to make it act on the bowels, whereas Stiller combines it with opium to prevent diarrhœa.

Marc Jousset (*l'Art Medical*, Sept., 1887,) gives the experience of Dolères and Wutte who found in their provings that mercurius corrosivus diminishes the quantity of urine in the healthy, and Jousset found that in heart disease with oliguria its use more than doubles the quantity of the urine passed daily. (J. C. Peters, of New York, recommended the use of corrosive mercury more than thirty years ago in dropsy after scarlatina). Jousset then shows from experiments on animals and from provings on man: (1) that mercury diminishes the quantity of urine in the healthy and (2) that it increases it in the sick, thus showing that it acts according to the homœopathic law of similarity. Such an explanation is far more scientific than the hypothesis with which the other school bother themselves and often fail in their explanations.

My studies on digitalis have led me to the same conclusion, that it will only act beneficially when homœopathically indicated, but my best results were gained with the infusion, freshly made daily. We are really rich in remedies acting on cardiac affections and we agree with Stiller: *nil desperandum!*

**UVA URSI AND ARBUTIN.**—According to our experience the Barberry acts less beneficially in dilutions than in a weak infusion, but we must be careful to cut into very small pieces the leathery, fat leaves, because the fatty upper skin takes up water only in very small quantities, and it is preferable to prepare them for some minutes by macerating them in alcohol.

The school of Rademacher made dilligent use of it and records many a successful cure. Galen praised this drug in urinary difficulties, and in hæmoptoe; De Haen, 1756, used it to dissolve vesical calculi, and French and Spanish physicians followed his example.

We possess only scanty provings of uva ursi by Hahnemann and his disciples, who mention: burning after the discharge of bloody urine, involuntary discharge of urine; green; urine bloody urine. Heinigke says in his *Materia Medica* that the drug is frequently indicated in chronic catarrh of the bladder and urethra, in venous stasis in kidneys and bladder, in inflammatory affections of the calices and pelvis of the kidneys by gravel, sand and small calculi, involuntary urination. Rinckert mentions: continuous or frequent desire to urinate, whereby the urine passes only in drops with constricting or cut-

ting, burning pain in urethra; when standing deposits a layer of white mucous, which in decanting passes in long threads; bloody urination with simultaneous passage of mucous and tenesmus; constipation being its frequent accompaniment.

Kissal, a disciple of Rademacher, recommends it in renal catarrh with phosphatic diathesis; and deposits of sand, is in cystitis calculosa with the same diathesis.

Bartelo says: "Folia uvi ursi are a reliable drug in all urinary troubles, be they in the kidneys, urethers, bladder or urethra; pains in kidneys and cutting pains when urinating; murky urine of a high color, acrid and urging, involuntary or scanty. It is often useful in enuresis and has dissolved calculi. Anasarca or œdematous legs of patients suffering from chest affections are often cured or at least greatly benefitted by attention to the cause. Wunza witnessed splendid effects from a weak infusion in enuresis nocturna, in chronic catarrh of the bladder and hæmaturia.

Kawalier produced arbutinæ from uva ursi as a crystalized white substance, soluble in water, alcohol and ether; formula:  $C_{12}H_{16}O_{72}$  or according to Housemann  $C_{12}H_{16}O_7$ . A toxic action has so far not been observed from arbutin, even in doses of 5 gm. *pro die*, only a slight eruption was sometimes witnessed, and on the urine it acted as an antiferment, as the urine could be preserved for weeks without becoming spoiled, but from all sides it was exalted as a specific in hæmaturia. We conclude with the following interesting case: An elderly man, suffering from enlarged prostate, had to use constantly the catheter to evacuate his bladder and thus acquired a catarrh of the bladder, which failed to yield to any treatment per os or per urethram. Hæmaturia for the last five years, off and on; urine putrid, foul and ammoniacal. Patient received now arbutin and nothing else, thrice daily for four days, 0.5 gm, gradually increasing the dose to one gramme *pro die*. Urine soon became free from mucus and pus; got clear and odorless and no other hemorrhage. He gained steadily strength and though taking it for some time, no evil secondary effects were noticed.—Dr. Kunze, in *Zeitschrift der Berlin Hom. Aerzte*.

INOCULATION OF MEASLES.—A girl of seven years had a little blister on the back of her right finger which was opened with a pin by another school girl, who was taken sick with measles the following day. Nine days afterward the girl of seven years was taken with cough and hoarseness, sore throat and fever. The back of the hand turned red, the redness increasing and spreading over face and whole



body. A measles-like exanthema was over the whole body, but from around the blister a dark-red streak extended to the shoulder. After a week the exanthema paled and the child recovered. Michael considers it a case of measles by direct infection.—*Ibid.* 8, 1887.

HYPODERMIC USE OF MERCURY.—Tavernier reports from the clinic of Prof. Leloir, one of those rare cases of spontaneous fracture in consequence of a slight muscular exertion in a syphilitic patient. In order to prevent pseudo-arthritis, the patient was treated with mercurial injection of iodide of potash. Gamberini prefers for the inunction hydrargyrum carbolatum oxydatum, which is deeply injected in the glutæi under the aponeurosis as less irritating to the surrounding tissues and equally beneficial.—*Ibid.* 8, 1887.

## Abstracts.

DO HOMŒOPATHS PRACTICE HOMŒOPATHY?—The paper by Dr. Geo. B. Peck on "Complications of Gestation," possesses a peculiar interest. The most striking lesson that it teaches is a demonstration of the fact that by far the greater part of the practice of homœopathic physicians is consistent homœopathy. The loose and empirical methods which some are fond of believing have permeated our school, like a medical dry-rot, belong to the few, and not to the many.

Look at the record. For the relief of after-pains the vast majority of the 177 physicians who report rely upon such remedies as arnica, pulsatilla, caulophyllum, chamomilla, belladonna, cimicifuga, secale, and the like. Is this allopathic practice?

For inflamed breasts, the majority rely upon belladonna, phytolacca, bryonia, and pulsatilla. Is this allopathic practice?

In the entire report, how much can be found of what may be called allopathic practice? *Very little, indeed!* And what little there is, is indulged in here and there by but a single member of the profession, and it belongs to the individual and not to the school.

Thus is the charge, which Dr. Bowditch made the key-note of his famous address, refuted. Homœopaths do practice homœopathy. And as homœopaths they are not only entitled to the name, but to call them by any other would be doing violence to the facts. Here is the conclusion at which Dr. Peck himself has arrived.

A word concerning an important element in the value of statistics

I have presented. In them we find the experience of the rank and file of our profession; the proofs of the essential unity of our school; in that for a given condition the same remedy is prescribed by the low dilutionist and the high; that while comparatively a small number occasionally resort to palliative treatment, the vast majority adhere rigidly to the principles implied in our name, and that in all instances in which the nature of any given ailment is clearly non-surgical or non-mechanical, deviations from law are scarcely appreciable.—*Medical Era*.

DO ALLOPATHS PRACTISE HOMŒOPATHY?—No. At least, they do so to such a limited extent that it is scarcely worth taking into account.

Look at their records: Not long since a Philadelphia journal of the old school published reports from one large hospital in that city, from one in Cincinnati and two in Chicago, giving the "Present Method of Treating Typhoid Fever" in each institution. (It is necessary for an allopath to be particular with his tenses; *present* soon becomes *past*).

And what of the methods? In the first place, as it is easy to surmise, no two were alike. Again; it was simply a record of calomel (to "clean out" the bowels), bromide of potassium, opium, quinine and antipyrin. Is this homœopathic practice?

If there is any place to which we would be entitled to look for a display of homœopathic practice on the part of our friends, the enemy, it is in the treatment of cases of typhoid fever. It is a disease of common occurrence, and one in the treatment of which the homœopaths have never been accused of want of success. But we seek in vain.

Look through old-school journals; read them by the score, and it is impossible to find among the many cases reported, of this, or any other disease, a single one treated according to homœopathic methods. If the allopaths had absorbed very much of our practice, ought we not to find in their journals some indication of it once in a hundred times?

The allopaths have acquired a cheap reputation for having possessed themselves of "what little good there is in homœopathy," but it is hard to find in the field of practice evidence that they have fed upon a single crumb dropped from our table.

From hospital experience in an institution where both schools are represented within the same walls, as well as from observation in private practice, the writer has failed to find a single instance in which



an allopath has availed himself of homœopathic methods in the treatment of disease. Surely, if very much absorption had taken place, we ought to see the result! But the results are not to be found.

Do the members of the old school, then, know anything about the use of homœopathic remedies?

Only this much: Some of them have become possessed of the knowledge, in a general way, that *pulsatilla* is a good remedy for amenorrhœa. They give it, and, often, it disappoints them, for, as every homœopath knows, it is adapted only to cases marked by a certain set of symptoms. When it fails, the allopath is at the end of his line. He has no knowledge of the virtues of *cimicifuga*, *sepia*, *aconite*, *bryonia*, *phosphorus*, *calcareæ*, *ferrum* or *graphites* in the treatment of the condition,—remedies which the homœopath would next consult. The allopath does not know why he gave *pulsatilla*, and he does not know why the *pulsatilla* failed. In this practice of homœopathy, then, occasionally, is an allopath guilty of the crime?

What is true of *pulsatilla*, in this respect, may be said of *cantharis*, *ipæcac.*, *colocynth*, *hepar* and a few other drugs. An occasional prescription of the kind is made, but it is made regardless of "indications," and with no knowledge of any other homœopathic remedy related to the diseased condition, in case the first one fails. In a word, the use that they make of what few homœopathic remedies they may have become familiar with, is, like their use of everything else, purely empirical.

But, it may be asked, do none of them get further than this in their knowledge of homœopathy?

Yes; but, when they do so, *they usually buy a lot of homœopathic books, a case of medicines, and become out-and-out homœopaths.*

In the last forty years—the age of our oldest college—there have been seven thousand and odd graduates of homœopathy in this country. Of these a great many, of course, have died, and many others have left the profession. And yet there are now said to be in the United States, more than ten thousand avowed homœopathic physicians; some place the number as high as twelve or fourteen thousand. At the very lowest calculation there are, then, six thousand homœopathic physicians to be accounted for who never graduated at homœopathic colleges.

Whence came they? They represent former allopaths who learned the "indications" for *pulsatilla*.—*Medical Era*.

COLORADO AS A HEALTH RESORT.—A writer in the *Medical Reg-*

ister thus speaks of the facilities afforded to health-seekers in the State of Colorado:

"The majority of consumptives go to Colorado Springs, a town of 7000, or more, inhabitants, with the purest of drinking water from the melting snows of Pike's Peak. The physicians, nearly all of whom are there perforce, on account of pulmonary trouble, are men of ability and skill. There is no system of sewerage as yet, but one is in contemplation, and, I should say, is much needed. The boarding-houses are many, and for the most part seem to offer good accommodations, the average price of board and lodging being from twelve to fifteen dollars a week. What the physicians there advise, and which obviously is the best plan, is housekeeping, if the invalid is strong enough and is with friends; but rents are high. There is a good hotel, the "Antlers," where the new comer will spend his first few days until he has selected his permanent quarters. The character of the society is much like that of a summer resort, quite cosmopolitan, as one would naturally expect from the coming together of people from so many different parts of the country. The daily life of the invalid is essentially an out-door one, which is very possible when one considers that there are only thirty-five to forty-six cloudy days in the whole year, and from October 1st to April 1st there is an average of less than one-half a day of each week when the patient will be deprived of sunshine." During the winter there is practically no rain, and one can sit on the veranda or be in the saddle every day; the day of sunshine during this season being about eight hours. For sometime after coming to this altitude (Colorado Springs being 6080 feet high), comparative rest and inactivity is enjoined, and, probably with wisdom; but sometimes it seemed to me that this injunction was carried to an extreme, and that moderate exercise would have hastened the improvement or recovery. Horseback riding is the exercise *par excellence* at Colorado Springs, as elsewhere in the State, and horses are good and comparatively cheap. The rides are innumerable. Out on the plains; to the various Cañons; to Maniton; the Garden of the gods, etc.

"In summer Colorado Springs, judging from my experience, is likely to have many uncomfortably hot days, and it seems to be well for the invalid to seek the coolness of the mountain somewhere and, moreover, it makes a pleasant and agreeable change after a winter spent in civilization, with its consequent and inevitable evils, to have something of the wild and free life of the mountains. There are many of the so-called mountain parks, near or more distant, and ranging in



altitude from 7000 to 10,000 feet high, which offer both a cool temperature and all the attractions of grand mountain scenery. One finds hotels in some, in others boarding ranches, and in more remote places he must go prepared to camp out. In all the food will be found more or less bad, depending upon the distance from any source of supplies, but unless very delicate, the invalid will soon learn to put up with it, and will have such an appetite for the life and invigorating air that he can sit down and eat a piece of raw ham. If one enjoys it and is strong enough for long trips on horseback, he can start on his horse from Colorado Springs or Denver, and ride to the mountains, and have his horse there for use. For those who are delicate and need moderately comfortable quarters and care, there is Maniton Park. Idaho Springs, Salida, and Poncha Springs near by, Georgetown, a typical mountain village most picturesquely located in a deep, narrow gulch, on Clear Creek Cañon, and Estes Park, one of the most charming spots in all Colorado, and of which I shall speak a little more at length. It is one of the smallest of the Colorado parks, and is about ten miles square and about 7500 feet above sea-level. It is reached from Denver by railroad to Lyons or Loveland, and from thence by a stage road of twenty odd miles. The journey is made in a day from Denver. There are but few buildings and settlements in the Park, the most of it being owned by the so-called English Company. Some years ago the Earl of Dunraven visited the place and was so much impressed with its beauty that he got possession of it. There is a small hotel there of moderate price, and three or four boarding ranches. Ferguson's and James's are the best, at which room and board can be obtained for about twelve dollars a week. Each of these ranches consists of a number of small cabins of two or three rooms, some of logs and others of rough boards, but one is very comfortable in them, and he is, or should be in them only to sleep. The food is fair for the mountains, about the same quality as in the Adirondacks. It seems paradoxical that beef should be of poor quality, when all around are herds of cattle preparing for the Chicago market. One has, however, every day, an abundance of the most delicious brook trout.

*Clothing.*—One should have as thick winter clothing in Colorado as in this climate, for the mornings and nights are often very cold. In the sleeping room, moreover, one must make sure that the floor is tight and covered with a warm carpet. A fire should be made in the morning before the invalid arises.

*Expense.*—It is expensive both going to and living in Colorado.

The cost of the journey there is from seventy-five to one hundred dollars; and board in Colorado Springs, as I have said, is from twelve to fifteen dollars a week. Rent of cottages is from fifty dollars upwards. About the only thing that is cheap is horse-hire."

UNION BY PRIMARY ADHESION.—This is the union which we should endeavor to obtain in the treatment of all incised wounds. To my mind, the following are some of the principal causes of failure in this direction :

Foreign bodies are not always removed. A grain of sand is as much a foreign body as a piece of wood, and its presence in a wound is quite sufficient to cause irritation and prevent primary union.

Closing a wound before oozing has stopped is a fruitful cause of non-union. A layer of blood is deposited between the opposing surfaces of the wound, decomposition sets in, and irritation is the result. These follow all the symptoms of inflammation—pus forms and finds an outlet. All sources of irritation being finally removed, the wound heals by granulation.

I have seen a number of incised wounds, in the same patient, sutured in exactly the same manner. Those first attended to by the surgeon failed to unite, but those left until the last, united by primary adhesion. The reason for this, to my mind, is clear. In the last the oozing had *ceased* before the parts were brought into their original position, leaving no stratum of blood interposed.

Adhesive plasters are too frequently made use of in closing deeply incised wounds. The plasters serve to draw the cut edges of the integument into apposition, but this effect is not produced upon the muscles and deep-lying tissues. An incised wound, half an inch in depth, cannot easily be brought into a condition of surface apposition by adhesive plasters. It is far better to leave the wound open, than to render impossible the discharge of the decomposing material which must necessarily form.

Deep sutures are too frequently omitted. Superficial sutures are open to the same objections as adhesive plasters. Deep sutures should be placed at distances of not more than three-fourths of an inch apart, and these should penetrate to a point somewhat below the bottom of the wound.

Put all the deep sutures into position, wash out the wound with a weak antiseptic solution, and then tie the sutures. Superficial sutures may now be inserted between the deep ones.

The simple tying of a stitch requires no small amount of surgical



skill. If tied too tightly, it will cut its way through the tissues. If too loosely, it will fail to hold the parts in place. After tying the first knot, be careful not to pull upon either end of the thread, for this will surely loosen the knot already tied. Make the second knot with the threads hanging loosely, and then carefully draw the knot down into position.

Antiphlogistic treatment is very often neglected by the medical attendant. A certain amount of inflammation is necessary to the production of primary adhesion, for by that process the "binding link," plastic lymph, is thrown out.

If this necessary process is allowed to overstep its boundaries, pus is formed. Exudations from the wound are almost certain to appear, and in view of this we must apply a dressing that will permit of free drainage. Some form of antiseptic gauze, covered with a layer of jute, is a very useful dressing.

Remove the patient as far as possible from all sources of infection. Secure perfect rest for the part, and allow your patient a good supporting diet.

Few or none of the above suggestions are new, but their importance is such that they cannot too often be impressed upon the mind of the practitioner. W. E. FAIRCHILD, M. D., in *Medical Register*.

VIVISECTION OF ANIMALS *versus* DRUG EXPERIMENTS ON MEN.  
—Dr. Blackwood in his annual presidential address before the American Anti-Vivisection Society, administered some well-merited punishment to certain of our modern human brutes, who needlessly torture animals under the pretence of advancing medical science, and then made a remark of more interest to his homœopathic brethren than he was aware of. He said:

"The proper study of mankind is man, and to benefit man you must experiment on man alone—if he will let you. Here is the true ground to be tilled by these explorers of hidden mysteries. Let them work upon each other, and if accidents should happen, we have the satisfaction of knowing that 'there is a Divinity that shapes our ends, rough-hew them as we will'—and that they never will be missed! So long as a dog enjoys carrion, a cat digests the fur of a rat or the feathers of a bird equally with its flesh and viscera, whilst a pigeon gets fat on opium, a goat plump on stramonium, a tomato can or a theatrical poster; when the frog thrives on the miasm of the swamp, and a pig cares as little about rattlesnake poison as a vivisector does about the sixth and eighth commandments, just so long will

sensible people, including doctors who dare to think for themselves refuse to believe that experiments and their results upon such animals have any bearing upon themselves."

**INFLUENCE OF THE GERM THEORY UPON THERAPEUTICS.**—Whatever may have been the claims made by bacteriologists regarding the importance of their numerous discoveries, the careful and unprejudiced physician must admit that, so far as their practical worth in the cure of disease is concerned, they have not, as yet, proven of any great value. Ever since the germ theory of disease was advanced, germicides have been extensively used in all the infectious diseases, as well as in many others, yet statistics do not show that they have effected the course or severity of the disease or have limited the mortality of the same. In fact, it is possible that various affections which would otherwise have recovered under a purely supportive system of medication have, under the debilitating effects of certain antiseptics, resulted fatally. Many of these latter remedies are not taken up at all, but act in a purely local manner. It seems, therefore, very irrational to administer these for their supposed curative action upon constitutional diseases. Again, it has been proven that many germicides in solutions even of considerable strength, have no effect whatever upon germs outside of the body, yet we persistently administer these same remedies in a strength which is rendered almost *nil* by its menstruum and the fluid already in the stomach. We cannot, of course, deny the effects of germicides upon various forms of life as found in the intestinal tract, yet we confess our inability to understand how they can act upon germs which increase and multiply so rapidly in the blood, organs and tissues of the body. It would seem much more probable that such remedies given in degrees of potency would not only destroy these organisms, but the tissues themselves, and at the same time produce symptoms of an alarming nature.

No one familiar with the action of germs will attempt to deny their great importance as regards the etiology of disease, or will fail to realize the great impetus which the theory has given to preventive medicine and the successes which the latter has achieved. Yet, while it is admitted that in prevention germicides are valuable, we are at the present time unable to demonstrate their curative properties upon infectious diseases.—*N. E. Medical Monthly.*

**GALL-STONES OR SOAP?**—Dr. A. Noel Smith, of Dover, N. H., writes: "I noticed an article in *The Medical Record* of January 14th,



taken from the *Lancet*, in which Dr. Just Tonatu, of New Orleans, advocates olive oil in large doses for the cure of hepatic colic. A bit of my own experience was at once called to mind, and I could not help thinking that Dr. Tonatu might have been mistaken in some of his conclusions. As I understand it, there has existed for sometime a popular idea, more or less diffused, that very full doses of sweet oil would relieve in cases of gall-stones, for they have 'seen the stones.' And so they have; some things having the *appearance* of gall-stones, but which, if examined critically and carefully, would be found not to be such.

"A case to the point: I was invited by a good lady to step into her house one morning to see a display of gall-stones which she had succeeded in bringing away from her husband by the use of olive oil. She had carefully washed the discharges, and separated these greenish oval bodies, and had them all spread out upon the floor, to the number of fifty or sixty, varying in size from a pea to a nutmeg. I carried some of the best specimens to my office, and, together with two other physicians, looked them over. They were of a soapy feel, readily crushed under the finger and of similar consistence throughout. We could find no semblance of a stone in any of them, and came to the conclusion that they were saponaceous masses, formed from the presence of excess of oil, and I so informed the family. We were confirmed in the above opinion by the following statement, which may be found on page 1076 of the 'National Dispensatory,' by Stillé and Maisch, and bearing directly upon the subject in hand:

"A notion has been entertained that large doses of olive oil were capable of causing the discharge of gall-stones, and in proof of the statement a great number of bodies resembling these concretions has been found in the stools. On examination, however, they were found to consist of the partially saponified oil."

The above is from the *Medical Record*. It is interesting to observe in the same issue of that journal, an account of a case of gall-stone colic treated with olive oil, which arouses a warrantable suspicion that it confirms the statements above made. The narrative says that Dr. Herman Ostrander, of Lansing, Michigan, reports the following case of self-cure of biliary colic which was related to him by a young architect of that city: "The gentleman's mother, who was a great sufferer from gall-stones, took, during one of her attacks, half a tumblerful of olive oil, and repeated the dose in twenty-four hours. The result was the painless passage of more than forty calculi. On the

occurrence of another attack, about a week later, she repeated the treatment, and passed more than sixty calculi. Since that time she has been entirely free from these attacks, although several years have since elapsed."

INFLAMMATION OF THE VERMIFORM APPENDIX.—The appendix vermiformis is, according to Professor Wm. Pepper, much more prone to inflammation than most physicians have supposed. "It presents evidence of disease in a large number of indifferent autopsies. I remember the report of a series of three hundred autopsies in which there were signs of disease of the appendix in 33 per cent., although in none of these was there a history of typhlitis. The appendix is often diseased when we have no reason to suspect such a condition. I cannot agree, however, that the cæcum also is not the seat of disease. In a long experience, in which I have paid much attention to these diseases, I have collected a number of instances of independent cæcal disease, where the cæcum alone presented lesions, sometimes going on to chronic inflammation, ulceration and perforation.

There appear to be two classes of cases. In one, the affection is more limited to the walls of the cæcum and the peri-cæcal connective tissue, and the appendix is affected to a comparatively slight degree. We have no record as to the frequency of such cases. The record is not to be sought on the post-mortem table, for the large proportion of these cases, if properly treated from the beginning, end in resolution. I have the records of scores of such cases, the vast majority of which end in resolution.

There is a second class of cases of an entirely opposite character. Here the patient may apparently have been in almost perfect health, for perforation of the appendix may occur without any previous symptoms of which the patient had complained. But in these cases there has been a catarrhal appendicitis; the faecal matter which is present in nearly every healthy appendix, is no longer able to circulate and escape, because the outlet is partially closed by the swelling of the mucous membrane; the pent-up secretions and the irritating faecal matter excite more serious inflammation in the walls of the appendix; ulceration is established and, finally, perforation occurs and the symptoms of the attack begin. I have rarely seen a fatal case of disease of the appendix where there was not stenosis of its orifice."—*Jour. Am. Med. Association*, Jan. 21, 1888.



## The Homoeopathic Clinic.

[NOTE.—Contributions to this department are especially solicited. They should be as brief as practicable, and should include the following:

1—Diagnosis. 2—Clinical History sufficient only to indicate the Diagnosis and Tendency of the Case. 3—*Totality* of symptoms; those strongly suggesting the remedy should be underscored. 4—Remedy. 5—Beginning and Duration of Convalescence.

No case should be reported in which a probability of spontaneous recovery, or the probable influence of some other treatment, medical or hygienic, employed in the case, may suggest a reasonable doubt of the curative action of the remedy.—ED. H. M.]

### SCROFULOSIS; INCIPIENT PHTHISIS—ARSENICUM IOD.

Several years ago, Miss M. P——, a very pretty blonde, short in stature, abundance of flesh, having arrived at the period of pubescence, developed enormous swelling of the cervical glands, cough, loud rales over both lungs, but most on left side; expectoration of muco-purulent sputum, chills, followed by fever, and occasional sweats. These phenomena followed in order and in rapid succession, to which, later, were added suppression of the imperfectly established menses. The glandular enlargement assumed the size of a small egg, and became very hard; rapid emaciation supervened, and altogether the picture was anything but promising. Indeed, I gave no encouragement to the young lady's parents. However, with the exception of intercurrent remedies now and again, *arsen. iod.*, 3x trit., cleared up the whole trouble, and the patient became well and plump again, returned to school, and is in apparent good health to-day. Upon one occasion she applied to me for treatment of the glandular enlargement, which was controlled again by the *ars. iod.*

C. S. MIDDLETON, M. D., Philadelphia, Pa.

## Correspondence.

### THE "LONDON TIMES" ON THE ATTITUDE OF OLD-SCHOOL PHYSICIANS TOWARD HOMOEOPATHY.

The readers of the *London Times* have been treated to a most lively discussion, running on for a month or more, between the friends of fair-play in matters medical on the one side, and the defenders of the arrogance, illiberality and superciliousness that have characterized physicians of the old-school for years, on the other. I have not all the particulars of the case that brought on this wondrous war of words, but from what I have been able to gather in later numbers of the *Times*, it seems like this:—Dr. Millican, an old-school physician, a member of the medical staff at the Queen's Jubilee Hospital was appointed, and accepted the appointment, on the staff at the

Margaret-street Hospital, in which institution were two physicians who resorted to homœopathic remedies in the treatment of patients. For serving in such relation, his place in the Jubilee Hospital staff of surgeons was declared vacant. Dr. Millican brought suit in defence of his professional rights and secured a judgment in his favor. An appeal was taken before a full bench which reversed the judgment on the ground that, however reasonable and just Mr. Millican's claims might be, there was no law under which he could be restored to his official position, but that a claim for damages could be instituted, if plaintiff could show that he had been injured in person or estate. Thereupon Lord Grimthorpe addressed a letter, written with great freedom and force, to the *London Times*. I have not seen the letter (that appeared in the latter part of December, but judging from the replies I have seen from writers of the old-school, I am prepared to believe it was pungent and did not fail of its mark. Homœopathy and its practitioners were assailed from all sides and at every possible point considered vulnerable. Wandering away from the questions raised by Lord Grimthorpe the champions of the professional "boycott" seemed to go all lengths in the demonstration of the very ignorance and meanness of which the noble Lord had accused them.

But it is not my intention, now, to say more of the controversy than is necessary for the introduction of the following editorial from the "Thunderer," of January 20th. It is a fair and strong presentation, a judicial opinion of great weight, from an impartial editor.

It is to be hoped that all the correspondence and editorials on this subject, together with an account of the affairs at the two hospitals mentioned, will appear shortly in pamphlet form. There is now a grand field opened for the League our English confreres have organized, and much of the opening, it should be remarked, has been brought about by the labors of the League itself.

NASHVILLE, Feb. 10th, 1888.

J. P. DAKE.

#### THE "TIMES" EDITORIAL.

"Lord Grimthorpe must be highly delighted with the results of the discussion he started in our columns. In the first place it has been a very lively one, and he loves animation. In the second, it has excited an immense amount of public interest, which, we presume, is a gratifying circumstance. We have given what will be admitted to be a liberal allowance of space to the correspondence, but the letters we have been able to insert represent a mere fraction of the number we have received from all sorts and conditions of men. In the third



place, Lord Grimthorpe has the satisfaction of reflecting that he has been entirely successful in establishing his original contention. So wide is the field over which the discussion has traveled, that it is perhaps necessary to remind the public what the original contention was. It was simply that an *odium medicum* exists, exactly analogous to the *odium theologicum* of a less enlightened age, and no whit less capable of blinding men otherwise honest and kind-hearted to the most elementary conceptions of candor and justice. That contention has been proved not so much by what Lord Grimthorpe has directly advanced, as by the revelations of temper and mental attitude made by those who took up the cudgels on behalf of the orthodox profession. There have been one or two verbal denials of the existence of this *odium*, always accompanied, however, by an expression of contempt which comes in practice to much the same thing. But the strength of Lord Grimthorpe's case lies in the fact that whole columns have been filled with contentions which have no point or meaning except to justify the hatred that is verbally denied. Homœopaths are fools if they believe and practice what they profess, and knaves if they do not, therefore we are justified, and indeed bound, by the lofty considerations which alone influence professional action, to hate and despise them in either case—is a fair and accurate summary of the attitude assumed by orthodox champions at the opening of the discussion, and maintained with unswerving consistency up to the present moment. But that is the precise attitude which Lord Grimthorpe intended to describe by the phrase *odium medicum*, and, therefore, out of all the confused discursiveness of the controversy emerges the fact that he has amply justified his main and original statement.

“We do not know exactly what end our orthodox correspondents have proposed to themselves, consequently it might be unscientific upon our part to express any positive opinion upon their mode of conducting the controversy. If they wrote merely to relieve their feelings and comfort those who already agree with them, they probably have every reason to look complacently upon their own performances. But if they either desired to convince homœopaths of the greatness of their delusion, or sought to enlist the sympathy and command the confidence of the lay public, we are quite sure that they have made an egregious mistake. At an early stage of the controversy we tried to hint as much to our professional advisers and guides. We pointed out that it is a mistake to fling charges of knavery and folly, either alternatively or cumulatively, at men taught by the same teachers, trained at the same schools, and declared qualified practitioners of medicine by the same authorities as themselves. To call a man a fool who holds

exactly the same diploma as the men who abuse him merely because he differs upon some medical subtlety which laymen are told they cannot form an opinion about, has the effect of filling the lay mind with distrust of the very certificates upon the strength of which the doctors challenge our confidence. If one M. D. duly licensed by an orthodox faculty can be such a fool and as nearly a criminal lunatic as his brethren make him out, poor laymen cannot but feel that there may be other wolves in sheep's clothing passed by the same authorities, and all the more to be dreaded because they carry no distinctive badge. When doctors are denounced as knaves whom laymen have known all their lives, and who, in all the ordinary relations of life, behave with quite average common-sense and integrity, it becomes rather difficult to impose implicit confidence in some practitioner, whom we only know by name, merely because he professes utter disbelief in the efficacy of decillionths. When our orthodox friends descend in their wrath to the practices of the tenth-rate politician, and pick up any bit of malicious gossip at second or third hand—the chatter of a discarded servant or the loose statements of an anonymous but necessarily interested druggist—it is hard for us ordinary laymen, who do not readily rise to the temperature, to feel very deeply convinced of the sobriety and trustworthiness of their judgment. Our intelligence has, indeed, been flattered at great length by the assumption that we are competent to pronounce infinitesimal doses absurd, but then other things have been mentioned which look quite as absurd to the lay mind, and which we have to accept as the infallible conclusions of science. No guide remains for us except common-sense operating upon considerations such as we are familiar with in our ordinary affairs. Consequently, a real injury has been inflicted upon us by those orthodox practitioners who have so conducted this controversy as to arouse in every unprejudiced lay mind the horrible doubts to which we have just referred.

“When we last wrote upon this subject it was already evident that the controversy covered a much wider field than that of Lord Grimthorpe's first letter. It had become a dispute between two systems or schools of medicine. Being only laymen, we are of course incompetent to hold a rational opinion upon such a subject, but it was open to us to endeavor to get the controversy conducted in accordance with the general rule that disputants ought to deal with the arguments of their opponents as stated by themselves, not with any loose travesty of these arguments that prejudice or ignorance may suggest. We accordingly took some pains to ascertain and set forth the homœopathic



position as stated by homœopaths themselves, and we were afterwards encouraged to believe that we had done so with—for laymen—tolerable exactitude. It ought not to have been necessary, because every orthodox practitioner ought to know the best as well as the worst of homœopathy, and every orthodox controversialist ought to be ready to state his opponent's position accurately and fairly. It was necessary, however, and we did it, but without the slightest effect. Orthodox writers went on through column after column blazing away at what is non-essential, accidental, and extrinsic, while the essential points upon which the whole argument turns were left untouched. What disquisitions we have had about decillionths, and how utterly irrelevant they are when homœopaths maintain that dose, is a mere affair of experience and that the essence of their system is a rule of drug selection based upon observation of the effects of drugs upon the healthy body! Their rule may be rotten and worthless, but we can never advance one step towards proof of that fact by losing ourselves in calculation connecting the space that a decillion of grains would occupy. A correspondent tells us to-day that the cases in which like seems to cure like can be explained upon some other hypothesis, which he does not mention. But that is not the point. Homœopaths do not offer any explanation or hypothesis. What they say is that the rule leads them to the choice of the right drug for a given case, and if that is so it does not greatly matter although what they call likes are really wide as the poles asunder. The same correspondent tells us that infinitesimal doses have no effect upon a man in health and therefore can have none in disease. Here he rather trenches upon the domain where even a layman can check him. When a layman has an inflamed eye, he finds that it will not bear the ordinary daylight in which he rejoices when his eye is well. When his nervous system is out of gear, he is driven nearly mad by noises which do not affect him in health. When he is recovering from an illness, his stomach will not bear the solid food he finds necessary at other times. It follows that whatever is based upon our correspondent's *dictum* manifestly stands upon a quicksand. Another correspondent says to-day that if anybody likes to try the effect of one-millionth of a grain of calomel three times a day, he will find that it is unpleasantly potent even in health. The effects produced are the ordinary physiological effects of a dose of calomel, and the experiment may be tried by anybody in his own person. How much less than a millionth will do we cannot say, nor do we know whether the millionth would be more active in disease. These are matters of fact, and we mention them only to show that we laymen have not had that assistance from our orthodox friends which we might fairly have expected."

## Editorial.

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### COMPLIMENTS TO SAMUEL O. L. POTTER, M. D.

*Sir*.—Your letter of no date, published in the *Lancet* of January 28th, has been received on this side of the ocean and duly read. Did you presume that the thousands of physicians whom you have maligned and traduced, would permit your statements to pass unchallenged, or their author unrebuked?

In dealing with your letter, we shall remember the literary courtesy that a journal owes to its readers. But *you*, in making statements reflecting upon the professional and moral integrity of a large body of reputable people, have forfeited every just claim to consideration, and if you find your accusations of dishonesty rebounding with tenfold force against yourself, you have not the slightest ground for complaint. Yet, do not fear that we shall turn *all* your own weapons against you, for we shall make no statement at variance with truth.

You made a great mistake, when you counted upon your ability to successfully defame the integrity of American homœopaths. Your knowledge is too narrow, your memory too short, your logic too thin? You contradict yourself in your own letter; you stultify yourself in your argument and you give the lie direct to your own published record. We propose to show, not only how false your recent statements are, but also what sort of an individual their author is, in order that any future statements you may make upon the same subject, may be taken for what they are probably worth, and thus, your power to mislead and deceive be restricted. If our remarks seem personal, remember that a slanderer has few

rights which decent journalism will go out of its way to respect.

You declare that your "object" in publishing your *Index* was to "vindicate regular (?) medicine from the stigma of pathy." Here your short memory gets you into trouble. You were "writing on the article 'Hypochondriasis' for my (your) *Index*," while still a member of a homœopathic medical society, and you were doing committee work for that society *on the very evening* during which you wrote your *Index* articles on Hypochondriasis and Hysteria. In other words, while still an active member of a homœopathic society you were earnestly engaged in an effort to "vindicate" the deadly opponent of the cause you professed to serve. If your statement in the *Lancet* is true, what do you think of your honesty as you sat in your office, that night, March 17th, 1880? If, on the other hand, you were writing your *Index* for an honest purpose, what becomes of your character for truthfulness, as illustrated in your *Lancet* statement? Take whichever horn of the dilemma you please, Sir!

The conclusion you reached upon the completion of your *Index*, shows your logic to be of a peculiar sort. In that index you claimed that you succeeded in "showing that practitioners of the old school are trained in the best features of all systems." How did you show it? You simply exposed to view the enormous amount of therapeutic property stolen from homœopathy by Phillips and Ringer, and "showed" that the allopaths were thus rendered as well off, so far as the possession of certain important remedies is concerned, as were the despoiled and robbed



homœopathists. This stolen "property" was covered all over with evidence of its legitimate ownership, but you do not seem to have discovered it. You did not recognize a homœopathic remedy when you saw one. What a brilliant homœopathist you must have been! You placed the homœopathic remedies, obtained from their honest and legitimate source, in one column; and in a parallel column you arranged your lean, gaunt, allopathiclist. Then you fattened and rounded it out with stolen homœopathic pabulum, and then, observing the resemblances in the two columns you "find that ninety-nine out of every hundred homœopathic physicians resort to regular, *i. e.*, old-school medicines." With the palpable evidences of a dastardly crime before your very eyes, you charge the victim with dishonesty, while you applaud the thief. What is the secret of your crochety judgment? Is it stupidity, or is it knavery? Who is the greater scoundrel, think you; the man who steals his neighbor's goods, or that other thief who labels them with his own trade-mark?

"Practitioners of the old school," you say, "are trained in the best features of all systems." Did you expect to deceive anybody by so glaring a mis-statement? You may be ignorant, but surely you are not so densely stupid as not to know that "the best feature" of the homœopathic system is its selection of remedies on the principle of *similars*. Do you dare to assert that allopaths are "trained" in that "feature"—that they know anything practical about it? No, sir! They may steal medicines, and they do; but the moment they pilfer the homœopathic principle of selecting and prescribing these medicines, all the honest ones—for they are not all Pot-TERS—will straightway confess themselves homœopathists.

And so you "abandoned homœopathy before entering into practice," did you!

How you abandoned that with which you were never connected, you do not explain, nor is it necessary; but your reasons for abandoning it are so like what we might expect from you that we must briefly consider them.

First, you "abandoned homœopathy because" in short, Dr. Wesselhœft's experiments did not—so you assert—receive a proper endorsement by the profession. And that fact—if it was a fact—upset your faith in a principle of physiological science. What an inductive reasoner you are, to be sure!

Your second "reason" is equally brilliant, *viz.*: that the reception accorded by homœopathists to "Dr. Sherman's work in the 'Milwaukee Test' of 1879, proved that no crucial drug experimentation, conducted under scientific safeguards, could meet with any appreciation from the majority of that sect." We can easily imagine you, Doctor; sitting by your patient's bedside, holding in your hand the appropriate homœopathic remedy, and *waiting*. Waiting for what? *Waiting to see how the homœopathists will treat Dr. Sherman's Milwaukee Test.* "If they treat it courteously, then this remedy will help my patient; if they do not, it will fail, and—I will abandon homœopathy." Ah, Doctor, Doctor! what a treasure that western college secured when it got hold of you! By the way, suppose you should conceive a dislike for your new-found allopathic friends; would you then "abandon" allopathy too? How, then, do you suppose *their* faith can withstand a single glance at you? And if all physicians were like you, basing their medical opinions not on the facts and principles of physical nature, but on the attitude and conduct of their neighbors, what wonderful progress medical science would make! Dr. Scudder, the accomplished editor of the *Eclectic Medical Journal*, says "you might shake a good many suits of clothes without finding a

man. They are a kind of dummy, stuffed with old books, and other men's opinions, authorities, etc., but independent men—no, they are not men. 'Come, let us reason together,' means that we think, and that we think for ourselves." You, it seems, do not think; you only watch other men. What have you in your clothes?

But when you said the Milwaukee Test was not well received by the majority of the homœopathic profession, your myopic memory—or something else—misled you again. You forgot—or did you?—that in THE HAHNEMANNIAN MONTHLY for October, 1879, a committee, of which you were the chairman, published a report in which you mentioned the names of seventeen representative opponents of the Milwaukee Test, and forty-four of its representative supporters. You also mention that the New York State Society "approved the test by a formal resolution," and at least two homœopathic journals "opened their columns freely for its defence." One of those who endorsed the test was shortly afterwards elected, we believe by a unanimous vote, to the highest office in the gift of the profession, that of President of the American Institute of Homœopathy. There were nine homœopathic colleges in the country at that time, and the endorsers of the "Test" represented the faculties of six of them. Yet in the face of this, your own statement, you now have the effrontery to assert that the profession did not sustain the Milwaukee Test. Why do you so tempt people to apply to you opprobrious titles? Why not speak the truth about it?

About the silliest thing in your *Lancet* Letter, though by no means the most shameless, is your miserable attempt to show that the Hahnemannian "proving" of drugs, is derived entirely from the teachings of Haller, the old physiologist; and that his idea, "announced

130 years ago, is now inspiring the minds of allopathic teachers and students all over the civilized world." If that statement is true, how is it that we never hear of any publications exhibiting the results of these wonderful experiments on the human subject? We read and hear of allopathic experiments on dogs, rabbits, frogs and guinea pigs, but who ever heard of such researches made by an allopathic investigator upon his own person? No, doctor; the allopathist, Haller, though he lived and died more than a century ago, was as far in advance of you and your tribe, as Hahnemann and his disciples are in advance of him.

One thing more and we are through with you. You said in your *Lancet* letter that you "never practiced homœopathically in Milwaukee or elsewhere." You would be a fortunate man, doctor, if you could only blot out your record, but you cannot; and we are going to show you some of it. In the HAHNEMANNIAN MONTHLY for September, 1880, page 532, you published a record dated March 17th, 1880, 8 o'clock P. M. In your second sentence you say, "A young man has just gone whom I have consented to take as a student of medicine." It was not a necessary part of the record you were making, but an over-ruling Providence permitted you to write it and publish it, in order that it might, eight years later, be used to trip you up in your wickedness. You and we know that the rules of American Medical Colleges require the student to have, as his private preceptor, "a respectable practitioner of medicine." You "consented to take a student," and now are pulling the wool over the eyes of the *Lancet* people—not a very difficult feat by the way—by making them believe you were not a practitioner "at Milwaukee or elsewhere." "Or elsewhere?" Tut, tut! Have you forgotten that on page 530 of the same journal issue, you



said, "During all the years from 1862 to 1878, *I have been a practitioner of homœopathic medicine more or less*"? We do not know which of the two statements contains the truth, and which does not; but we confess to a feeling of humiliation that any member of the medical profession could be so lost to all sense of shame as you seem to have been when you wrote your *Lancet* letter.

What the people of England have ever done to you, that you should thus seek to injure them through an appeal to the ignorance, the prejudices, and the credulity of their *Lancet* readers need not be inquired into. Nor is it necessary to ask how far your conduct and utterances have been prompted by a desire to increase the sale of a publication, or to secure and retain a college professorship. But it is well that any statement you may hereafter publish upon any subject in which your interests or your prejudices are involved, should be considered a proper subject for special investigation, by those who have any intention of accepting it.

#### ENGLISH ALLOPATHISTS VERSUS THE MEDICAL PROFESSION.

Everybody knows that England has been engaged in war. This time her foes were of her own household. In accordance with her usual custom she trounced them. They had been the recipients of almost untold favors at her hands, and had grown so haughty and imperious as to imagine themselves the actual owners of the tight little island. They were pretenders to the medical throne. Among other impudent acts, they undertook to prohibit a certain benevolent institution—the Margaret Street Infirmary—from retaining physicians who used their own personal brains in prescribing, and insisted that the alleged brains of a certain medical society should determine the treatment of the patients, the attending physicians

being, however, held accountable for the results of the treatment. When two of these physicians very emphatically "declined the honor," so to speak, these would-be censors demanded that the other M. D.'s should withdraw from the institution, or failing to do so, should be excommunicated from the fold of the orthodox pretenders. Among the victims of their impotent malice was the well-known surgeon, Mr. Millican, who, happening to hold a position in the recently opened "Queen's Jubilee Hospital," was unceremoniously cut off from the staff for serving in another institution, some of whose patients were under the treatment of physicians who knew their responsibilities and dared to meet them. Mr. Millican appealed to the law, which finally declared its inability to protect him.

The affair led to a discussion of the subject of professional liberty in the columns of the *London Times*. Lord Grimthorpe threw the first bomb directly into the crowded ranks of the pretenders. It created the direst consternation and somebody got badly hurt. Then a pretender or two undertook to reply. In doing so they exposed several of their numerous weak points, not only to their professional opponents, but—Oh, horrors!—to the public too. The homœopaths of the metropolis fairly shouted with glee at the sudden opportunity to reach the ear of the great English public. Their Homœopathic League had been organized for this very purpose, and for a year or two had been doing excellent service in this field. The opening of the columns of the *Times* for an assault against the arrogance and ignorance of the British medical oligarchy and for a defence of homœopathy and of professional liberty was a most gladsome surprise, and its chances were profited by to the utmost.

The fight raged for a month or more

and extended throughout England. According to the statements of the *Times* editor—for which, see a communication sent us by Dr. Dake,—and judging also by the tone of our exchanges, the fracas resulted in the complete rout of the pretenders, and in holding them up to public ridicule. That the homœopathists gained a complete victory is evidenced by the statement of an allopathic correspondent of the New York *Medical Record* to the effect that neither side had gained much advantage from the contest, an admission which will be accepted so far as it refers to his own side, but questioned as it relates to the other. The *Lancet* shows with more emphasis than mere words can express, its sense of overwhelming defeat, by publishing at the close of the contest a scurrilous tissue of falsehoods against American Homœopathists sent from this side of the water, and which had lain upon its shelves since last August. It was finally published in order to break, if possible, the crushing force of the final blows administered to the already defeated pretenders by the victorious homœopathists.

As a bit of interesting juiciness, we commend a careful perusal of the *London Times*' editorial, showing the straits to which the allopathists were driven in their vain efforts to find a pretext for their impudent assumption of medical authority. Their rehash of the old slanders failed utterly to avert the ridicule even of those who were not ready as yet to place their trust in anything less crude and imperfect than allopathic drugging. We have waded through several columns of their inane drivel as it appeared in two or three numbers of the *London paper*, but, life being short and the *Times* columns long, we preferred to get the gist of the matter from the *British Monthly Homœopathic Review*, and the *Homœopathic World*,

both of which give very complete reviews of the whole subject. The latter journal has issued a complete reprint of the discussion in pamphlet form. As is almost invariably the case in a fair and square contest between the two opposing sects, victory is on the side of right; professional liberty is once more triumphant, Homœopathy has vindicated her claim to public confidence and her practitioners have demonstrated their right to every authority and privilege that can be rightfully held by physicians of any sect. As a result of the dire conflict, Homœopathy takes a higher position and Allopathy a lower one in public estimation.

#### THE INSTITUTE'S MEETING PLACES.

Some recent experiences in Institute matters seem to suggest the question whether its present method of annually determining its next place of meeting is fully up to the standard of a careful and business-like organization. The larger the Institute grows, and the more extensive its scientific work, the more important it becomes that its places of meeting shall be adequate to its enlarged requirements, and the more difficult is it to find such places. It seems, however, that at our meetings we almost lose sight of the importance of this part of the Institute's business. Directly after the stir of the annual election and with the moment of mid-day adjournment close at hand, places of meeting for the next year are proposed, a few speeches are made by members more or less intensely interested in one or another of these places, a few bantering jokes are cracked, and with a "whoop-hurrah!" some one of the places "carries the day," and the decision is rendered by a majority fixing upon a location of which the society has no official knowledge whatever. For having made



so few mistakes in this business the Institute may thank her stars more than her judgment.

If the Institute is to maintain her present position as the representative body of the homœopathic profession of the United States and Canada, the selection of her annual meeting places must elicit the best discrimination of her wisest men. Caution, deliberation, forethought, must take the place of impulsive and headlong precipitancy. Individual preferences, local attractions, the conveniences of a particular section of the country—these and all similar considerations must take their appropriate secondary place, and the determination to make the Institute as strong, as influential and as useful as possible must outweigh all other motives in the selection of our annual camping-ground; else we shall some day discover that so far as the development of the Institute's powers is concerned, a single mistake in choosing a place of meeting has destroyed the labor of years.

The Institute deposes some work of no greater importance to the consideration of standing committees. Why should she not have a standing committee on this work; a committee charged with the careful consideration of this vital theme in all its aspects and relations? Such a committee should obviously represent each and every section of the country, should be subject to but gradual changes in its membership, should investigate carefully and systematically the advantages and disadvantages of various localities, should have charge of the reception and consideration of "invitations," should keep a careful record of all information relating to the subject and be prepared to give such information to the Institute on short notice, and should each year, after considering all the circumstances affecting the subject, recom-

mend to the central body for action, a place for the next annual meeting.

We believe in the Institute; believe in it most thoroughly; believe in it as the representative of the homœopathic thought and sentiment and progress of our country and time; believe in it as the champion and bulwark of our professional liberty, and as the central sun of our professional unity. We believe in it because it helps to give direction and purpose to much of our scientific advancement. But most all we believe in it because without it, the homœopathic physicians of this country would be a heterogeneous mob, exposed helplessly to the merciless schemes and machinations of their organized and ruthless professional foes, who would speedily reduce them to abject servitude to the behests of allopathy. Homœopathic societies constitute the defense—the only safe-guard of the public's interests against the quackish pretensions of an allopathic usurper. The Institute, imperfect as she is, grand as she is, grander yet as she will be, is the centre around which all the rest revolve, and as such she deserves our highest care.

#### A MEDICAL SOCIETY AT ITS WITS' END.

The Allopathic State Society of Massachusetts proposes to "take in" (correct phrase), as members, any graduates of homœopathic schools who will *renounce* homœopathy. It doesn't matter just how the society expresses its proposition, it *means* just that; that a physician who holds a homœopathic college diploma shall be admitted to the ranks of the restrictives if only he will consent to practice as his self-appointed bosses may dictate.

Of course the aforesaid A. S. S. of Massachusetts hasn't the slightest expectation that the independent physicians of the state will accept its absurd

terms. Had it dreamed of such an outcome to its pretty little scheme, it never would have offered it. The real object is to pull the wool over the eyes of the people and over their own, and to delude themselves and the public with a show of pretended liberality. The A. S. S. seems to forget that it dictated the terms on which homœopathists were forced out of its membership, and they may as well understand that when these physicians return to it,—if indeed they ever do—it will be on terms of *their* making. The admission that the society considers homœopathists qualified to educate allopathic physicians is, however, of some significance.

#### A TIMELY REBUKE.

Not long ago the Illinois State Board of Health peremptorily revoked the license of a physician, because the offender had advertised himself in a newspaper as a specialist; the said advertisement being regarded as "unprofessional." The deposed physician at once appealed to the proper court by which the absurd act of the Board was promptly reversed, and the physician's rights were restored to him.

According to the best of our recollection, this is not the first instance of tyrannical usurpation by the above mentioned board. A little reflection, one would think, would be sufficient to convince any member of the board that the legal authority of a state cannot be employed to enforce the by-laws of a medical society as against persons not members of that society. If the act of the board had been permitted to pass unchallenged, it would amount to an admission of the right of the American Medical Association to enact laws for the government of the State of Illinois. A more absurd and comical misuse of legal authority than this of the State Board of Health, could scarcely be found in American history.

### Notes and Comments.

A new whooping-cough bacillus has been invented.

Forty American medical colleges believe in co-education.

"The book is *so* good, that I fear it will not be generally read."—Compliments of Dr. J. C. Burnett.

Thirty and one-half graduates per one hundred students, is the proportion in the average American medical college.

Cases observed by Rosenthal and Kirchoff seem to show that the anovestical centre is in the *conus terminalis* of the spinal cord.

The Alumni Association of Hahnemann College has five hundred members. Five hundred more of her graduates should be enrolled.

The Rip Van Winkle M.D's. have "discovered" that phosphorous is "good for" psoriasis and acne indurata. Only to think, of the progress (?) of medical science!

A National Department of Public Health is being urged by some of the medical journals. The need of such a co-ordinate branch of government, with full powers, can scarcely be questioned.

Inhalation of oxygen is suggested as a substitute for tracheotomy and intubation of the larynx. Why not also for suffocative conditions arising from other causes besides laryngeal and tracheal stenosis.

M. Gaucher considers that extracts of malt in different forms, besides containing toxic mineral salts such as salts of potassium, contain organic poisons, highly injurious to sick and even to healthy persons.

Dr. J. M. Currier, of Newport, Vt., reports an autopsy on a woman, whose brain weighed fifty-five ounces. The subject had coarse features and was of masculine appearance. She died during a debauch.

All the homœopathic and eclectic colleges in this country now profess to require a preliminary examination of their matriculates. Twenty-five per cent. of the allopathic schools exact no such requirement.



In order to cut short the mydriatic effects of atropine, Dr. Geo. R. Pancoast (*Medical Register*) uses eserine sulphate, the two drugs being mutually antagonistic. A little cocaine added makes the eserine less irritating.

One-third of the Minneapolitans have recently suffered from "winter cholera." Only two or three cases have terminated fatally, and as all of these had been under "regular" treatment, we are not authorized to offer any comments.

The town of Newmilns in Lanarkshire, Scotland, has an unusually bad water supply. Five wells examined were shown to contain sewage in proportions varying from four to twenty-five per cent. Only one well supplied pure water.

The *Monthly Homœopathic Review* gives an excellent synopsis of the discussion on homœopathy which recently appeared in the columns of the *London Times*, and which gave homœopathy the best advertisement all over England that it has ever enjoyed.

Professor Henry W. Brazie, M.D., Physiologist of the Minnesota Homœopathic Medical College, has recently been reappointed upon the Board of Commissioners for examining the insane hospitals of that State. The appointments are made by the Governor.

The habitual or even frequent use of cosmetics is not without danger. Those of a harmless nature, as starch, chalk, etc., are not as much used as are those containing lead, bismuth, etc. From the use of the latter class serious complications may result; *e. g.* lead-colic and wrist-drop.

The practice of medicine must be very disappointing to those who follow it chiefly for the acquisition of wealth. Whoever practices it in a commercial spirit debases the calling and degrades himself. As a French writer has truly said: "Medicine is the noblest of professions, but the meanest of trades."—*Dr. Cotting.*

It is alleged that some of the English physicians who came over to attend the "Congress" acquired so wholesome a dread of *mal de mer* that they are afraid to return. That is England's loss. If

certain American physicians could be induced to cross the Atlantic during a "blizzard," and so acquire a similar fear, that would be America's gain.

"Many a practioner has confined a woman on a mattress previously used by a diphtheritic or erysipelatous patient. \* \* \* And these midwives, caring for a child with purulent ophthalmia in one house, confining a woman in the next, and washing the external genitalia of a septic patient in a third,—no wonder lying-in patients die."—*Dr. Byford.*

Duoana Dependens, a South American member of the Anacardiaceæ, is used in decoction by the Chilians as a diuretic and anti-hysteric. Will any allopathist take notice of the fact, that while counteracting hysteria, it yet produces one of the most common symptoms of that disorder? And if so, will he attach any significance to it?

Late experiments confirm the view that if iodoform exerts a curative effect in tubercular affections, it must be for other reasons than its supposed destructive effects on the tubercular bacilli. Rovsking, of Copenhagen, has inoculated the two eyes of a rabbit with pure and iodoformed bacilli respectively and has always found that the iodoform failed to prevent or even retard the growth of the tubercular process.

Phosphorus in dyspepsia is, in our experience, indicated particularly by craving for acids and spices, and by epigastric pains, whether burning or aching, if severe in character and worse after eating. The latter symptom is found not only in cases of round ulcer, but sometimes also in the less grave forms of gastric disorder. Dr. Laird, in his interesting paper on dyspepsia (*N. A. J. of H.*), does not allude to these indications.

Physicians in this country often meet with patients of decidedly undesirable character, yet they can never expect to be placed in the unfortunate predicaments befalling our brethren in China. A medical missionary in Foochow was recently called to check a hæmorrhage too late to save the patient's life. The heathen population, becoming enraged, dogged the doctor from place to place determined to boil him alive in oil, and

would have succeeded in their design but for the timely assistance of some of his converts.

Quillaia, it seems, has been used in England—whether elsewhere we know not—in making emulsions of cod-liver and other oils. Now the British pharmacists are being told that it is “acrid”, that it is a violent emetic and in large doses poisonous”; that its active principle, “sapotoxin”, has a powerful action on the blood, destroying the red corpuscles and decomposing the oxyhæmoglobin, thus interfering with the absorption of oxygen and causing death by asphyxia. This we learn from *The Chemist and Druggist*.

Does the medical man get drunk? Yes, but not so often as some other people. The *Journal of Inebriety* says that out of three thousand who sat at the banquet table of the International Medical Congress at Washington, only one was visibly intoxicated. A half dozen or more were exhilarated and showed the transient excitement of wine. A dozen or more had marks of being inebriated, but seemed to be abstaining at that time. It was clearly evident that the American physician, as seen at this place, was far more temperate, as a class, than the average man in other callings of life.

The *Medical Record* is very much exercised over the welfare and happiness of a Dr. Hipkiss, of Massachusetts. The Doctor is a graduate of a homœopathic college and has renounced homœopathy and applied for admission to the Massachusetts Medical Society. The by-laws debar him from membership, thus inflicting on him what the *Record* calls an “injustice”. The allopaths have recently protested that they do not care how a physician treats his patients, yet now they are seriously proposing to admit to their councils a fellow, on the plea that he has changed his practice. Well, let it pass! As nobody believed their protestations, nobody is greatly deceived by their actions.

The most outrageous action against a medical man yet reported, is that chronicled in *The Lancet* for January 14, 1888. The victim was Dr. Henry Davy, of Dublin, Ireland. The prosecutor sought to recover £1000 damages for alleged criminal connection of the de-

fendant with the plaintiff's wife. Three successive witnesses for the plaintiff, his daughter-in-law, servant, and daughter said they had been offered money to swear falsely against the defendant, and had not a word of evidence to give to that effect. The daughter said that her mother had kept the family for years and that her father was a ruffian and a villian who had always treated her mother and family in a shameful manner. The jury then stopped the case. The recorder said that in all his experience he never heard a more atrocious or infamous case or a more scandalous attempt to ruin a wife and to obtain money. He ended by making an order that the Crown Solicitor should prosecute the plaintiff for perjury.

## New Publications.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M. D., and J. P. Dake, M. D., with the aid of a consultative committee. Part VII. Conium-Ferrum. London: Published for the British Homœopathic Society. By E. Gould & Son, 59 Moor-gate street, London, E. C. New York: Boericke & Tafel, 1888. Octavo. pp. 192.

The cyclopædia maintains its character and reputation fully in this latest issue. Among the drugs which excite more than average interest in this issue we find crotalus, cuprum, digitalis, drosera, eucalyptus, and several others.

HUMANITY, A VISION—A REALITY,—A Poem. By William Tod Helmuth. New York: E. P. Dutton & Co., 31 West Twenty-third street, 1887.

This, to our mind, is the finest of Professor Helmuth's poetic gems. It depicts the Christ-taught devotion of St. Luke, “the beloved physician,” expressed in the self-abnegation of the military surgeon upon the blood-stained field of carnage. The publisher has done but simple justice, in giving the poem an exquisitely tasteful setting.

PROCEEDINGS OF THE TWENTY-THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO, held at Cleveland, May 10 and 11, 1887. pp. 308.

The volume under consideration is one that reflects credit on the Commit-



tee of publication, Drs. Schneider, Walton and Pomeroy.

Many interesting articles were furnished by the different Bureaus. The President, Dr. A. Claypool, of Toledo, referred to the proposition of Dr. M. P. Hunt, of Delaware, O., to establish a private insane asylum under Homœopathic control, which would probably receive State assistance sooner or later, as did the asylum at Middletown, N. Y.

Dr. Wm. Owens, Sr., of Cincinnati, a member of the Bureau of Insanity, contributed an excellent paper, "Why We Are Entitled to Have Charge of One of the State Insane Asylums," in which he gives statistics showing the comparative success of the Old and New Schools in treating diseases.

The mortality of various large cities in this country and abroad show that the death rate of the former of the two systems is about twice as great as that of the latter.

In relation to the treatment of the inmates of Asylums, the report for 1877 of twenty-eight State Asylums, under Allopathic care, is compared with that of the asylum at Middletown, showing 9 per cent. of cures for the former, and 20 per cent. for the latter.

Drs. S. Barnes and J. D. Buck each read interesting papers on the subject of Insanity, which were followed by an animated discussion.

The Bureau of Ophthalmology and Otology contributed several good articles. Dr. C. F. Sterling, of Detroit, Mich., referred in his paper on "Some Recent Brain Surgery," to those cases where Suppurative Otitis extended to the brain, and quotes the words of Dr. Barr on this subject: "That when every member of our profession is sufficiently impressed with the importance of chronic Suppurative Inflammation of the middle ear and prepared to efficiently treat this disease in all its stages, the occasion for this operation will seldom arise."

Each Bureau did good work, and judging from the book before us, we conclude that the Ohio State Society spent two very pleasant and profitable days in holding its twenty-third annual session.

B. W. J.

**THE RULES OF ASEPTIC AND ANTISEPTIC SURGERY.** A Practical Treatise for the Use of Students and the General Practitioner. By Arpad G. Gers-

ter, M. D., Professor of Surgery at the New York Polyclinic, etc. Illustrated with Two Hundred and Forty-eight Engravings and Three Chromo-lithographic Plates. New York: D. Appleton & Co., 1888. pp. 332.

"The object of this volume is a systematic, yet practical presentation of the Listerian principle that has revolutionized surgery within the last fifteen years. To-day the surgeon can operate, and by the proper precautions in the treatment of the wound, insure his patient against infection and suppuration. Since it has become possible that septicæmia, pyæmia, hospital gangrene, and erysipelas can be prevented and controlled, the dread of undertaking and submitting to surgical operations is diminished, and consequently surgical interference is resorted to at an earlier date than formerly, when an operation was attended with such dangers that it was considered "a last resort."

The *Antiseptic* form of treatment is the manner in which a fresh wound is treated so as to prevent septic infection. The *Antiparasitic* method is that pursued after infection has occurred. Part I, of this volume is devoted to *Asepsis*, its nature and application in the technique of operations in the various anatomical regions. Part II, treats of *Antisepsis*, giving the history and treatment of Suppuration, Phlegmon and erysipelas; illustrated by colored plates representing culture of the bacilli of putrefaction, etc.

Part III, gives: the aseptic and antiseptic treatment of *Tuberculosis*; Part IV, that of *Gonorrhœa*, and Part V, of *Syphilis*.

The typography and general appearance of the work is excellent; the illustrations are reproduced from photographs taken in the operating rooms of the German and Mount Sinai Hospitals of New York.

Medical practitioners and surgeons will gain much useful information from a perusal of this book.

B. W. J.

**PHYSICAL CULTURE FOR HOME AND SCHOOL, SCIENTIFIC AND PRACTICAL.** By Prof. D. L. Dowd, of the Home School for Physical Culture, of New York. Fowler & Wells Company, 1887. pp. 300.

The methods contained in this treatise

tise are the result of years of practical study and application by the Author. The exercises for the various muscles are illustrated by cuts. The Author states that it requires three years exercise for the full development of the muscles of an adult; he advises exercise as a means of increasing or decreasing

the weight of the body. He hopes it may do substantial good to suffering humanity, and find its way to school and home. Flat chested boys and girls should daily give a half-hour or an hour to his method of chest exercise and breathing. He believes in muscle development for muscle's sake, for health's sake, as well as that of intellect, morality and beauty. B. W. J.

**HOW TO SUCCEED AS A STENOGRAPHER AND TYPEWRITER.** By Authur M. Baker, Stenographer and Law Reporter. Author of "How to Learn Shorthand." New York: Fowler & Wells Company, 1888. pp. 71.

This book contains practical advice to aspiring stenographers and typewriters, gathered from the Author's experience of twenty years. A perfect knowledge of either system of writing, particularly of the former, can be gained only by much persevering practice. An excellent illustration of this is given in a quotation from "*David Copperfield*," where it is supposed Dickens related his own experience in mastering "the noble art and mystery of stenography." The phonetic method of shorthand, invented by Isaac Pitman, of England, about fifty years ago, is now the favorite system, both in England and America.

Of the various typewriting machines in the market, the Author observes that the "*Remington*" is the most popular. The chapter on "*Newspaper Reporting*" is excellent. Here we learn that the reporter not only should understand shorthand, but must be able to arrange the reported matter in such a manner as "to make good speeches for bad speakers," and otherwise put their reports in an interesting and readable shape. B. W. J.

**A PRACTICAL TREATISE ON DISEASES OF THE SKIN.** By John V. Shoemaker, A. M., M. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Phila-

delphia, etc. With Colored Plates and other Illustrations. New York: D. Appleton & Co., 1888. pp. 633.

This is, as the title indicates, a practical work on dermatology, written from the standpoint of the busy general practitioner, and intended for his use as well as for that of students. The arrangement of its contents is excellent, making it a convenient book of reference.

Part I is devoted to "General Considerations," such as anatomy, physiology, diagnosis, pathology, etiology, etc. In Part II the various skin diseases are classified under the following pathological divisions: anomalies of secretion and excretion, hyperæmias, hemorrhages, exudations, hypertrophies, atrophies, tumors, neuroses and parasites; the diseases of each class are separately described in a clear, concise manner, and in some cases the text is elucidated by illustrations, a number of which are colored plates.

The author emphasizes the importance of making a correct diagnosis in all cases of cutaneous affections, so that the treatment may be pursued in an intelligent and satisfactory manner. He considers massage a reliable adjuvant in the treatment of some forms of skin diseases.

In carbuncle he advises the crucial incision and when suppuration is present also a scraping and digging out of the dead tissue, while his medical treatment is quite heroic and over-burdensome. The average cases of carbuncle will do infinitely better if no cutting is done and a nutritious diet mainly of milk and albuminous articles be adopted and the suitable homœopathic remedy be selected for each individual case.

Fifty-six pages are devoted to a formula and three to medicated soaps, while many useful hints in the treatment of parasitic diseases are given under his class of animal and vegetable parasites. B. W. J.

## Gleanings.

**Victims of the Recent Blizzard in the Northwest, Aphyxiated Before Freezing.**

There is an amount of evidence and a combination of circumstances sufficient to show that the greater number of the several hundreds who lost their



lives in the recent great "blizzard" of the Northwest, perished from asphyxia and not by freezing. Many of the bodies, when found, were in the position of grasping or clutching at their own necks or throats. Indoor witnesses describe the atmosphere as having an appearance of density and darkness, similar to that stated by divers as existing when submerged with their armor in deep water.

Many that escaped describe their peril as being from loss of breath or suffocation. The terrific hurricane force of the wind, loaded with falling snow—the latter being by a fall of temperature whose degree and suddenness has no recorded parallel, converted into dry crystals, and thence by the gale ground to a fine dry ice-dust, these conditions produced a state of the atmosphere as unfit for respiration and aeration of the blood as is water for warm-blooded animal life. The extent of the fatality resulting from this storm, also its horrors, will never be fully known. For reasons evident and natural, the papers of the region effectually suppress and under rate the actual truth. Your correspondent, while just outside the belt of the storm's fatality, is sufficiently contiguous to obtain information and facts in verification of the views given. The remains of several resident victims have been returned to this locality for interment; persons absent upon business or visiting when overtaken by the storm.

The Signal Service Office reported a falling barometer and severe storm at the same hour upon this memorable day, over an area whose extent far exceeds that of any upon its records. From Montana to Cincinnati, Ohio, and St. Paul, Minn., to St. Louis, Mo.; was the storm field, whose centre was stated as near Des Moines, Ia. Here we have a cause for results as exceptional as itself. H. C. Markham, M. D., in *Jour. Am. M. A.*

#### Salt in Milk for Children.

Dr. Jacobi says that the physiological effect of chloride of sodium is very important, no matter whether it is directly introduced through the mother's milk, or added as a condiment to cow's milk, or vegetable diet. Both of the latter contain more potassium than sodium, and neither ought ever to be

given, to the well or sick, without the addition of table salt. A portion of that which is introduced may be absorbed in solution; another part is, however, broken up into another sodium salt and hydrochloric acid. Thus it serves directly as an excitant to the secretion of the glands and facilitates digestion. Therefore during diseases in which the secretion of gastric juice is interfered with, or in the beginning of convalescence, when both the secreting faculties and the muscular power of the stomach are wanting, and the necessity of resorting to nitrogenous food is apparent, an ample supply of salt ought to be furnished. The excess of acid which may get into the intestinal canal unites with the sodium of the bile in the duodenum, and assists in producing a second combination of chloride of sodium, which again is dissolved in the intestines and absorbed. Its action in the circulation is well understood; it enhances the vital processes, mainly by accelerating tissue changes through the elimination of more urea and carbonic acid.

A very important fact is also this; that the addition of chloride of sodium prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk ought never to be given without table salt, and the latter ought to be added to women's milk when it behaves like cow's milk in regard to solid curdling and consequent indigestibility. Habitual constipation of children is also influenced beneficially, for two reasons: not only is the food made more digestible, but the secretions of the alimentary canal, both mucous and glandular, are made more effective by its presence.—*Archives of Pediatrics.—Jour. A. M. A.*

#### Stramonium Symptoms.

Dr. W. F. Conners, N. Y., *Med. Jour.* gives these effects of two cases of accidental poisoning:

On the evening of October 17th I was requested to see a mother and her six-year-old son, who were acting in a strange manner. I hastened to the house, and on arrival learned that about two hours before they had both partaken of some sage tea (as the mother supposed) for a cold.

The husband and father said he went down town in the evening, leaving his

wife sitting by the stove sewing and his son playing on the floor; and when he returned, after an absence of two hours, he discovered both wife and child staggering around the room, unable to sit or stand. Taking hold of his wife, whose mind was clear, he learned that she had taken, as she said, some sage tea, which at first made her head ache, and then she got so dizzy that she could do nothing but turn round. It seemed to her that she was trying to stand while the room seemed to spin around at a rapid rate.

Spreading a large quilt on the floor, he placed wife and child on it, and there they were when I arrived. They were apparently trying to walk around each other on their hands and knees, the head of each being forcibly inclined to the right with a disposition to *manège* if left alone, showing the cerebellum in the vicinity of the peduncle to be particularly affected by the drug.

I left them on the floor while I instituted a search for the sage (?), and found a one-ounce package of stramonium herb, plainly marked, with three drachms missing, which I afterwards learned was the amount the mother had used in a cup and a half of water, which was allowed to steep about ten or fifteen minutes before she strained it through a cloth and, after adding some sugar, she gave the boy half a teacupful, drinking a full teacup of the decoction herself—*i.e.*: she had then taken the tea made from two drachms of the dried herb; while the boy had taken that of one drachm. Having now learned what the nature of the poison was, I examined the patients more closely. The pupils were dilated to the fullest extent; the eyeballs were suffused and devoid of expression; conjunctivæ congested; the face flushed; the head oscillating from side to side when the patient was held, with a disposition to turn the head forcibly to the right; the mother muttering incoherently, in which the names of George, (her boy), sage, and George, (her husband's name), were heard, while the boy would, at intervals of a few minutes, utter a low, whimpering scream.

[At this point morphia was injected subcutaneously, and the further symptoms, though interesting, were probably due, in some measure, to the latter drug.—Ed. H. M.]

## News, Etc.

**PERSONAL ITEMS.**—Drs. Orme and Manahan, of Atlanta, Ga., announce the expiration of their term of co-partnership.

Dr. A. P. Bowie, of Uniontown, Pa., was united in wedlock on January 17th to Miss Mary E. Robinson. Congratulations.

Dr. Clifford Mitchell, of Chicago, has removed his office and laboratory to 615 Bay State Building, opposite Central Music Hall.

**THE ANNUAL COMMENCEMENT** of the Hahnemann Medical College of Philadelphia, will be held at the Academy of Music, corner of Broad and Locust streets, on Friday, April 6th, at 11 o'clock A. M. The valedictory to the graduates will be by Professor Dudley.

**THE PHILADELPHIA COLLEGE ALUMNI** will hold their annual meeting and banquet on Friday evening, April 6th, at 8 o'clock, at "Hotel Boldt," Bullitt Building, Nos. 131 to 143 South Fourth street. The College and Hospital buildings will be open during the day for the inspection of the Alumni and their friends who may be visiting the city to attend the exercises incident to the College commencement and Alumni reunion.

**THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE** will hold its commencement exercises in Chickering Hall, on Friday, April 13th, at 3 o'clock P. M.

**THE MINNESOTA HOMŒOPATHIC MEDICAL COLLEGE** will hold its second annual commencement on Monday evening, April, 2d, in the First Baptist Church of Minneapolis.

**THE PULTE COLLEGE ALUMNI** had their annual reunion and banquet, February 29th. The "exercises" consisted of the disposal of some of the choicest possibilities of the "Gibson House," post-prandial speeches and music, and "a good time all around."

**THE ALLEGHENY COUNTY SOCIETY** is preparing to publish the proceedings, addresses, etc., of the celebration of the fiftieth anniversary of the introduction of homœopathy west of the Allegheny mountains. This celebration was held last September during the meeting of the State Society, and was to all a very interesting event.



The book will be elegantly gotten up and will contain, besides the addresses, lithograph portraits of the prominent men engaged in the celebration, and a very fine one of Dr. Reichelm, the pioneer of homœopathy in western Pennsylvania.

HOMŒOPATHY IN ALLEGHENY COUNTY is surely flourishing. The doctors there have been very sumptuously entertained four times by their brethren during the past two or three months.

First, Dr. J. F. Cooper entertained the County Society on the occasion of his inauguration as president of the society. Then Dr. J. B. McClelland, on taking charge of the Anatomical Society, celebrated the event by inviting the members to dine with him.

Thirdly, Dr. Wm. R. Childs gave to a number of his medical friends one of those delightful little suppers for which he is justly famous. Nothing could have been more enjoyable.

And to cap the climax, Dr. J. H. McClelland celebrated the date of his becoming a "man in medicine." Just twenty-one years ago, the 2d of March, the doctor launched out on what has proved to be a brilliant career. To justly describe the event is not permitted by lack of space, but it was one of those delightful occasions which come but once in a life-time. Thirty-five M. D's gathered to do him honor, and bear testimony of the esteem in which he is held here. He received them in his elegant mansion just completed, whose beautiful appointments were the cause of his receiving many and enthusiastic compliments. The banquet to which the guests sat down, was in keeping with the surroundings, perfect. After all had done full justice to the good things, Dr. McClelland made a short address of welcome to all, and of counsel to the younger men. He was followed by Drs. H. Hofmann, Cooper, Burgher, Willard, Winslow, and Martin, all of whom made very happy talks. In the "wee sma' hours" the company separated after voting unanimously that a more enjoyable time they never had.

Dr. J. H. was assisted in his duties as host by his brothers, Drs. J. B. and R. W. McClelland.

The Hahnemann Medical College and Hospital of Chicago, held its Annual Commencement, February 16th, at the Grand Opera House.

PROFESSIONAL AMENITIES IN CALIFORNIA.—Dr. G. W. Barnes, of San Diego, California, recently entertained a party of his professional friends at an elegant dinner. He offered the following sentiment: "May all who unfurl the banner of Homœopathy in San Diego bear it aloft, nor suffer it to trail in the dust. May they creditably represent their faith and creditably practice their art." The sentiment was fittingly responded to by Drs. Polhemus, Mertzman, Gamber, Morgan and Crippen.

PROTECTION AGAINST ASIATIC CHOLERA.—At the recent convention of the Ohio State Sanitary Association, held at Toledo, Dr. D. H. Beckwith, of Cleveland, presented a paper in which he urged as a necessity, the enforcement of a strict quarantine, consisting not in arbitrary detention but in the thorough and speedy destruction of the infective agent, by those methods that have been suggested by the results of modern research, and now in successful operation at and below New Orleans.

THE WESTERN ACADEMY OF HOMŒOPATHY will convene in its Fourteenth Annual Session May 29, 30, 31, 1888, in Chicago, Ill. We are informed that an unusually interesting meeting is anticipated.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will hold its Ninth Annual Session at Niagara Falls, in June. The president is Dr. Wm. P. Wesselheft, of Boston, Mass.; secretary, Dr. E. A. Ballard, 97 Thirty-seventh street, Chicago, Ill.

A FARRINGTON MATERIA MEDICA CLUB has been formed by the younger generation of Allegheny county homœopathic physicians. They have limited the membership to fifteen, and meet every two weeks for the reading of papers and discussion of remedies. The officers are: president, Dr. John L. Ferson; vice president, Dr. Z. T. Miller; secretary and treasurer, Dr. Fred. P. Wilcox. All of these are, by the way, Philadelphia men.

DR. EDWARD R. WARD died January 8th, after three days illness, of erysipelas. He was sixty-five years of age, and had been practicing homœopathy in Baltimore for twenty-three years. He was a graduate of the Homœopathic Medical College of Pennsylvania.

# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF

HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

PEMBERTON DUDLEY, M. D., EDITOR AND PUBLISHER.


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The Editor is responsible for the maintenance of the dignity and courtesy of the Journal, but *not* for the opinions expressed by contributors.

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## Original Contributions.

### TONGUE SYMPTOMS OF THE PRINCIPAL REMEDIES OF OUR MATERIA MEDICA.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA, PA.

*Absinthium*.—Thick, protruding, can scarcely talk. Trembling (*laches.*); seems paralysed. Bites it (in epilepsy)

*Aconite*.—Dry. Coated white or yellow-white. Numb. Feels as if swollen, tingling, biting, piercing and burning. Trembling and temporary stammering. Sensation of dryness and roughness in the middle, without thirst (*paris*). Paralysis, especially at its tip.

*Actea rac.*—Clean, but pointed and trembling. Swollen. Coated light brown, more in the middle. Inability to utter a word, though she makes the effort.

*Æsculus hip.*—Coated white or yellow; feels scalded. Tip sore as if ulcerated. Uncontrollable, cannot form words rightly.

*Æthusa cyn.*—Feeling as if the tongue were too long (*paris, puls.*). Aphthous.

*Agaricus*.—Dry. Coated white (A. M.) (*nit. acid*). Sore, smarting, burning tip. Left side numb. Tremulous propulsion, inarticulate speech (*chorea*).

*Ailanthus*.—Dry, parched and cracked. Thick, whitish coating. Brown in the middle. Moist, coated white, tip and edges livid.

*Aloes soc.*—Coated yellowish-white. Stiff, dry, red. Yellow ulcers.



Fine stitches from behind forward, in the under part, when moving it. Inflamed sore spots on tongue.

*Alumina*.—Dry (A.M.) on waking, followed by increased flow of saliva. Coated white and feels rough, with normal taste. Yellowish-white, with bitter taste. Sore as if burned. Tingling, itching; must scratch it.

*Anacardium*.—White and rough like a grater. Heavy, as if swollen; hindering speech. Speech firmer and surer in the afternoon.

*Ant. crud.*—Coated thick and white. Milky-white, as if white-washed (*ars.*). Yellow. Border red and sore.

*Ant. tart.*—Coated thick-white, pasty; or very thinly white, with reddened papillæ (*bell.*) and red edges. Red, in streaks. Very red, and dry in the centre.

*Apis mell.*—Red at the tip (*arg. nit.*). Swollen, dry, glossy; cracked, sore, ulcerated, or covered with vesicles. Coated white. Cannot be protruded, hinders talking. Dryness, tenderness and fiery redness of whole cavity. Stinging blisters at edges (*caps.*).

*Argent. nit.*—Coated white. Tip red (*apis*), painful. Papillæ erect. Dry, hard as a chip, and black like the teeth. Red streak down middle. Cannot talk from spasm.

*Arnica*.—Coated white. Dry, with a brown streak down the middle. Dry or coated yellow. Sense of biting.

*Arsenicum*.—As if painted white (*ant. crud.*). Thickly furred, edges red. Sides furred with red streak down the middle and redness of tip (*arg. nit.*). Whitish. Yellowish-white. Brown. Lead color. Dry and morbidly red with raised papillæ at tip. Swollen at root. Pale, doughy, takes print of teeth (*merc.*), violent burning. Gangrene.

*Arum. triph.*—Cracked. Red, papillæ prominent. Burning (*ars.*), sore.

*Aurum. met.*—Hard as leather (*mur. ac.*), immovable, ulcerated.

*Baptisia*.—Very dry; yellow; yellowish-brown in centre, with red, shining edges. Dry, brown down the centre. White, with scattered red papillæ, later brown in the centre. Cracked, sore, ulcerated. Feels swollen, thick, makes talking difficult.

*Baryta carb.*—Hard on the centre, burning when touched. Burning sense of excoriation at tip. Fissure on left border. Vesicles on middle, tip and under. Paralysis.

*Belladonna*.—Strawberry, (deep red papillæ). Inflamed, swollen (*apis*). Tip and edges light red. Dry furred. White centre with red edges; or two white stripes; covered with a white clammy fur,

which can be pulled off in strings. Feeling of coldness and dryness of forepart. Paralytic weakness.

*Benzoic acid*.—Ulcerated, with deeply-chapped fungoid surfaces.

*Bismuth*.—Red. White (P. M.).

*Borax*.—Dry (P. M.). Spasm in the tongue, like stiffness, or as if the organ had gone to sleep. Aphthæ. Cramp (*lycop*).

*Bryonia*.—White (*ant. crud.*). Rough. Cracked. Dark brown color. Dry. Tip moist.

*Calc. ostr.*—White. Dry, at night, and morning on awakening. Burning pain at tip. Soreness on tip, sides, or dorsum.

*Calc. phos.*—Swollen (*apis, bell.*). Numb. Stiff. With pimples on it. Sore, burning tip.

*Cantharis*.—Trembling (*lachesis* when protruded). Thickly furred, but red at the edges. Swollen (*apis, bell.*). Excoriated and full of blisters at the base. White tip. Suppurating.

*Capsicum*.—Full of flat, sensitive, spreading ulcers, with a lardaceous centre. Pimples, with stinging pain, when touched (*apis*).

*Carbo ani.*—Dry; immovable. Burning blisters on tip and edges. Knotty indurations.

*Carbo veg.*—Dry. Indurated. Heavy, with difficult speech. White. Lead-colored. Blue, sticky, moist. Dry, parched, fissured. Turns black. Raw and dry tip.

*Castoreum*.—Drawing and jerking, towards throat. Swollen. Burning in upper surface. Blisters.

*Causticum*.—White on both sides, red in the middle (*cham.*). Distortion of the tongue and mouth when talking. Burning pain in tip and edges. Sensation as if the tongue were adhering to the palate. Paralysis.

*Chamomilla*.—White at the sides, red at the centre (*caust.*). White. Yellowish. Red, cracked. Coated white, with islands on it. Burning. Dry, with thirst. Spasms (*secale*).

*Chelidonium*.—Slimy, white or gray. Thick yellow coating with red margin, showing imprints of teeth (*ars., merc.*).

*Chinin. sulph.*—Flabby (*merc.*). White. Thick yellow fur. Yellow at root. Dry.

*Cicuta virosa*.—Swollen. White, painful, burning ulcers on the edges; painful to touch.

*Cina*.—Whitish. Brownish-yellow.

*Cinchona*.—White. Yellow. Thick, dirty coating. Black, or raw, as if burned. Burning on tip followed by pyalism.

*Cocculus*.—As if paralyzed. Pains at base when protruded.



*Colchicum*.—Bright red. Heavy, stiff and numb. Projected with difficulty.

*Collinsonia*.—Yellow along the base and centre. Rough.

*Colocynthis*.—White. Yellow. Rough. Burning tip. Scalded sensation.

*Conium mac*.—Swollen, painful, stiff. Speech difficult from paralysis.

*Crotalus*.—Yellow. Red and sore. Red and smooth. Stiff and numb (*colch.*). Swollen and protruded. Tongue and surroundings feel tied up, cannot speak.

*Cuprum met*.—White. Yellowish. Brown. Red. Dry and rough, papillæ enlarged (chronic glossitis).

*Cyclamen*.—Yellowish-white. Tip red, with small burning blisters, impeding speech and chewing. Fine stitches on tongue.

*Digitalis*.—White (A. M.). Furred. Swollen. Sore. Blue.

*Dioscorea*.—White, dry. Yellowish-white. Brown and sore on the tip (A. M.). Bites the tongue. (*Phos. acid* involuntarily).

*Dulcamara*.—Dry; rough (*cup. met.*). Lame. Paralyzed. Swollen, impeding speech and breathing. (Paralysis from cold).

*Eupatorium perf*.—White fur. Yellow coating.

*Eupatorium purp*.—Furred, brown along the centre. Numb. Pricking, stinging pain. (*Apis*).

*Euphrasia*.—Lame and stiff.

*Ferrum met*.—White.

*Fluoric acid*.—Whitish and dry. Vivid red at tip and edges, yellow in the centre. Tender, feels rigid, with restricted mobility. Painful when talking. Deeply and widely fissured in all directions.

*Gelsemium*.—Yellowish-white. Coated thick, brown. Margin red, centre white. Partially paralyzed. Can hardly put tongue out it trembles so. Red, raw, painful, inflamed in the middle.

*Glonoinum*.—Milky-white, without coating (*ant. crud.*). Feels swollen, raw; numb as if burnt. Pricking, stinging (*apis*).

*Graphites*.—White. Burning vesicles on lower surface and tip. Painful tubercles and vesicles on the back part. Sensitive.

*Hamamelis*.—White. Scalding sensation. Blisters on the sides. Canker spots near tip.

*Helleborus*.—Dry. White (A. M.). Dry and red (typhus). Slightly protruded and oscillating. Trembling (*laches.*). Numb, insensible. Swollen. Full of vesicles. Pimple on tip.

*Hydrastis*.—White, or with a yellow stripe. Swollen, shows marks of the teeth (*ars., merc.*).

*Hyoscyamus*.—White. Red or brown, dry, cracked, hard. Looks like burnt leather. Clean, parched. Protruded with difficulty, can hardly draw it in. Speech embarrassed. (Paralysis).

*Hypericum*.—White or yellow. Foul yellow coating of the tongue.

*Hydrocyanic acid*.—White, afterwards dark and foul. Lame and stiff, often protruded. Cold feeling in the tongue. Burning at tip.

*Ignatia*.—When talking or chewing, bites tongue. Anterior half of tongue feels numb when talking, it feels burnt and sore when eating.

*Illicium anis*.—Full of aphthæ. Edges folded like little bags.

*Iodium*.—Dry. Brown and dry. Thickly coated.

*Ipecacuanha*.—Clean. Yellow or white. Grows pale. Dry. Smarting sensation in edge.

*Kali bich*.—Broad, or with scalloped edges. Thick yellow, edges red and full of small painful ulcers. Thick yellow fur towards base (gastric catarrhs). *Dry, smooth, red, cracked.* (Dysentery). Syphilitic ulcers. Deep; stinging (*apis*). Sensation of a hair on the back part, not relieved by eating or drinking (*nat. mur.*).

*Kali brom*.—White. Red, dry, enlarged. Red, later dry and brown. Red and tender. Disordered action, difficult speech.

*Kali carb*.—White. Swollen, covered with vesicles. Tip burns as if raw.

*Kobaltum*.—White. Cracks across the middle.

*Lachesis*.—White, swollen. Enlarged papillæ (*ars*). Dry, red, cracked at tip. Red tip and brown centre. Mapped, dry, black and stiff. Heavy, cannot open mouth wide; embarrassed speech. Trembles when protruded (*canth.*), or catches behind the teeth.

*Laurocerasus*.—White and dry. Rough and dry. Cold. Numb as if burnt (*glon.*). Left side stiff and swollen, with loss of speech.

*Leptandra*.—Yellow, or black down the centre.

*Lycopodium*.—Red and dry; becomes black and cracked. Heavy, trembling (*laches.*). Stiff, with indistinct speech and dryness (A. M.) Painful and swollen in places. It is darted out and oscillates to and fro (*hell.*). Distended, giving patient a silly expression. Tubercles. Vesicles on tip, feeling scalded and raw. Numb, convulsions.

*Mag. mur*.—White (A. M.). Yellow, flabby, large tip. Tip and edges clean. Violent pricking, often followed by burning (during a cold). Rhagades, with violent burning pain.

*Manganum acet*.—Nodosities. Warts. Burning vesicles on the left side.

*Mercurius*.—Red and dry. Red, with dark spots and burning.



Dry, hard, coated black. Thickly coated, dirty yellow (with foul breath). Swollen, flabby, takes imprint of teeth (*ars.*). Inflamed, indurated or suppurating, with pricking pains. Moist, either with violent thirst, or covered with mucus. Hard swelling; ulcerated edges. Hollow ulcers, with swelling. Painful as if chapped, or feels as if burnt. *Ranula.*

*Merc. corr.*—White, swollen and stiff. Dry and red. Papillæ elevated, strawberry-like (*bell.*). Whitish and contracted. Swollen with ptyalism.

*Merc. iod. flav.*—Thick yellow at the base. Bright yellow at the back part, tips and edges red. Dry and sticky. Dry, and deeply chapped at the centre. Deeply coated. Whitish. Ash-colored. Velvety. Deep yellow or brown. Scattered ulcers along the margin, with red edges and an ashy-gray centre. Edge shows the prints of teeth.

*Mezereum.*—Thick, white coating, with large red, elevated papillæ; fissured at the centre.

*Muriatic acid.*—Heavy as lead, hinders talking. Rattles like a piece of leather. Lame. Sore. Bluish, contains deep ulcers, with black bases and vesicles. Wasting away.

*Myrica cerif.*—Thick, yellowish, dark, dry and crusty coating, rendering the tongue almost immovable. (In low states, with or without jaundice.)

*Natrum ars.*—Furred. Yellow. Deep red, corrugated, anterior part fissured. Large, moist, fissured, flabby (*merc.*).

*Nat. mur.*—Dry. Mapped (*laches.*). Coated white. Heavy (in children slow in learning to talk). One side numb and stiff. Burning tip. Sensation of a hair on tongue (*kali bi.*). Feels dry but is not. Vesicles and ulcers, smarting and burning when touched by food.

*Niccolum.*—Stiff (*laches.*), hinders talking.

*Nitric acid.*—White, dry (A. M.). White, with sore spots. Coated green (with ptyalism). Dry, fissured. Sensitive, even mild food causes smarting. Deep, irregular ulcers on the edge (*syphilis*). Ulceration, with tough, ropy mucus.

*Nux moschata.*—Dry at night, or on awaking. Dry, feels as if gone to sleep, or leather-covered. (No thirst). White, or yellowish, dotted with red papillæ. Paralyzed; child though old enough, cannot talk, as if it were difficult to move the tongue.

*Nux vomica.*—White or yellow thick coating. Black and dark red, cracked on edges. Heavy, with difficult speech (*nat. mur.*). First half of tongue clean, sometimes red and shining; posteriorly, covered with

deep fur. Dry tongue. Brownish. Black and cracked, with bright red edges.

*Oleander*.—Rough, dirty white, with elevated papillæ. White, with dryness of mouth.

*Opium*.—Trembling (*laches.*), coated dirty yellow, unctuous. Black. White. Paralysis, ulcers.

*Oxalic acid*.—Red, dry, swollen, sensitive burning (*ars.*). Swollen with a thick white coating. White, with nausea, thirst and loss of taste.

*Paris quad.*—Dry. White and rough, as if covered with millet-seed. No thirst (*nux m., puls.*). Great dryness on awaking. Tongue feels too large (*puls.*).

*Petroleum*.—White-coated. Dotted with yellow spots. Raw. Coated white in centre with a dark streak along the edges.

*Phosphorus*.—Dry, coated white with stinging tip. Coated yellowish. Coated only in the middle. Dry, immovable, parched, cracked, covered with black crust (*myrica*), glossy. Furred. Swollen at the root. Aphthous patches. A number of small, red, bleeding tips on the anterior surface.

*Phos. acid.*—Grayish-white coating. Red streak in the middle. Pale (*in typhus*). Covered with tough, clammy mucus. Burning. Swollen, with pain when talking. Smarts only at night. Bites the side involuntarily; also at night. Feeling of dryness, without thirst.

*Phytolacca*.—Yellow and dry. Thickly coated at the base. Tip fiery red; or hot, rough, tender and smarting. Burnt feeling on back part. Small mercurial ulcers. Thick. Protruding.

*Platina*.—Creeping. Sensation as if it were scalded.

*Plumbum*.—Dry, brown, cracked, painful. Yellow or green coating. Inflamed, swollen. Heavy, paralysed. Hurts as if bitten. Aphthæ, dirty-looking ulcers, and purple blotches on the tip. Folded to the left. Quivering.

*Podophyllum*.—White fur (with foul taste). White, moist, shows imprints of teeth (*merc.*). Dry, yellow. Dry, on awaking (*paris*).

*Psorinum*.—Dry. Coated white; yellow; thickly covered with whitish-yellowish slime. Tip dry, feels scalded.

*Ptelea trifol.*—White fur, swollen. Yellow, feels rough, papillæ red and prominent. Brown-yellow, dry.

*Pulsatilla*.—White or yellow, and coated with tenacious mucus. Parched, dry, no thirst (*nux m., paris*). Parched and coated gray. Feels in middle as if burned, even when moist, night and morning.



Feels too broad. Feels too large (*paris*). Edges feel sore and as it scalded.

*Ranunculus s.*—Exfoliated in spots, which are raw. Both sides of the tongue denuded, like islands, the rest thickly coated. Tip, smarting.

*Rheum.*—Numb, insensible.

*Rhus. tox.*—Not coated, but very dry. Dry, red, cracked. Triangular red tip (*phytol.*, fiery red). White, often on one side. Yellowish. Covered with brown mucus. Parched or brown. Takes imprint of teeth (*merc.*).

*Rumex crisp.*—Coated white, yellowish-brown or reddish-brown. Dry; feels as if burned.

*Sabadilla.*—Coated white, the tip is bluish. Thick yellow, sore. White in centre. Moist (during fever). Cannot be protruded (with sore throat). Painful all the way down the throat. Burning tip. Feels sore, as if full of blisters.

*Sanguinaria.*—Coated white (with slimy, fatty taste). Red, feels as if in contact with something hot. Sore; pain like a boil. Tip burns as if scalded.

*Secale cornut.*—Yellowish-white, dry, thick, tenacious coating. Discolored, brown or blackish. Deathly pale. Spasm of tongue, projecting it from mouth, forcing it between teeth and rendering speech indistinct. Frequently torn by the most violent convulsions. Painful tingling, stifling the voice. Slight, but unpleasant warmth during the day. A sort of paralysis, embarrassing speech considerably. Gangrene (*ars.*). Bruised feeling.

*Sepia.*—Dry, rough. Coated white. Painful, as if sore or scalded. Vesicles.

*Silicea.*—Coated, also with brown mucus, numb sensation of a hair on forepart of tongue (on the back part: *kali bich.*) One-sided swelling (*lauroc.*, left side.) Ulcer on right border eating into it, and discharging pus (carcinoma).

*Spigelia.*—Coated yellow, cracked, burning with blisters, painful in the back part, as if swollen, particularly when chewing.

*Spongia.*—Dry, brown, full of vesicles, with burning and stinging pains.

*Stramonium.*—Whitish, with fine red dots; tip redder than usual (*arg. nit.*). Dry, red, dry and parched, pale red, in constant motion, swollen, coated, dry, yellow in centre, dry, swollen, hangs out of the mouth, paralysed.

*Sulphur.*—White, with red tips and borders, mostly in acute dis-

eases; white or yellow, brown and dry, furred A. M., but wears off during day (chronic cases), dry A. M., brown, parched and rough, cracked and vermilion; burning pain on the surface.

*Sulphuric acid*.—Dry, inelastic, embarrassing speech (sticks like glue). Aphthous.

*Taraxacum*.—White, cleans off in patches, leaving dark red, tender, very sensitive spots; mapped (*nat. mur.*).

*Terebinthina*.—Smooth, glossy, as if deprived of papillæ. (Typhoid.)

*Thuja*.—Coated white, without thirst (*puls.*), tip sore to touch, rough, scraping feeling on surface, swollen, right side (*lauroc.*, left), bites the tongue frequently (*diosc.*, *phos. acid*), ranula bluish, surrounded by varicose veins; jelly-like, transparent, or gray. Aphthæ.

*Ustilago*.—Prickling sensation in tongue, with a feeling as if something was under its root, pressing it upwards.

*Verat. alb.*—Cold (*camp.*), withered, swollen, dry, cracked and too red, white with red tip and edges, coated yellowish-brown, back part black, heavy with embarrassed speech (lisping, stammering), clean (with vomiting).

*Verat. viride*.—Yellow, with red streak down the middle, feels scalded.

*Viburnum*.—Dry, broad and white, centre brown, takes print of teeth (*merc.*).

*Zincum*.—Dry, don't want to talk, coated at root and dry (brain diseases), swollen on left side (*lauroc.*—right side, *thuja*) hindering talking, covered with vesicles; painful, as if sore, shootings in tip, with increased flow of saliva and metallic taste; seems too broad (*puls.*).

## A PLEA FOR UNITED EFFORT IN SOCIETY WORK.

(Read before the Homœopathic Medical Society of Kansas City, January 2, 1888.)

BY EDWARD F. BRADY, M.D., KANSAS CITY, MO.

The duty of homœopathic physicians, is the subject I promised to present at this meeting of our society, and I will try to discuss it with a broad and catholic spirit, so that any physician of our school may apply my views if they should meet with approval. One of the wisest of living philosophers is responsible for this remark: "The greatest thing a human soul ever does in this world is to see something, and tell what he saw in a plain way. Hundreds of people can talk, for one that can think; but thousands can think, for one who



can see." Here we note the possession of diversified gifts, but the greatest is the capacity to see and discriminate clearly. It may be that some members of this society approximate to the highest type. If so, we will try to share, in our feeble way, his duties. The first duty of every physician, to himself, to his patients, and to his fellow practitioners, is to qualify himself to discharge his duties as a physician. He must seek in every avenue of knowledge open to him for newer light; he must utilize every opportunity that comes his way, and he must always be in a receptive mental state. The Almighty has armed him with the power to battle with the forces which operate destructively to life; the community in which he lives intrusts their bodies to his ministrations; the laws of the commonwealth protect him; and just in proportion as these vital responsibilities are entrusted to him, just in that degree does he obligate himself to discharge his full duty. Then, to better qualify himself for his life's work is his first duty, and it is also his last duty; yea, his ever-recurring duty. When he has cycled the whole field of medical knowledge, and his brain has become a great store-house of practical and theoretical learning, it is not right for him to crawl into his own shell of being and simply meditate and meditate. No; after he has seen the greatest thing his soul can do, his duty is to tell his co-workers in the cause what he saw, in a plain way. He should come out from the recesses of his student closet and take his high place on the mountain top, and from thence pour out his wisdom and knowledge into the ears of the hungry and thirsty of his fellows, who have not his opportunities or capacity to scale and climb, and who, but for his great aid, might ever have to grovel at the base of the mountain of knowledge.

If the master minds of the earth had kept locked within the innermost recesses of their brains the great truths and facts of knowledge which their God-given genius had made it possible for them to become possessed of, how intellectually dark and gloomy would be our earth! But they gave us the knowledge and the darkness and superstition that shadowed the fair face of nature has fled away. God does not give genius and talents for genius' and talent's sake. No, He gives them that the world might reap the benefit, and unknown too, that He demands results if the capacity is given for their production. Genius unexerted is like the poor moth that flutters around the candle flame until it scorches itself to death. The wings and the power to use them are there but misused as in the case of the moth bring physical death.

We know the unexplored laws of our being physically, morally and

mentally and that use brings greater development, disuse and neglect surely and inevitably atrophy and decay. It is a well-known fact that the wisest of philosophers, Socrates and others, have found knowledge in the most illiterate phases of life, not always couched in the language of the school, but not the less valuable. We are all aware that we never give to others in any form of thought the knowledge that we have gleaned, but what we are made the richer in the possession. Why? Because we use and by that act the expressed thought becomes our own, it is an integral part of the *ego*, it is stamped in more positive manner on the memory. Our copartnership and our inter-dependency upon others is not a mythical something the different powers of some make this necessary. "Our souls are like waxen tablets—some broad and deep, where the impressions made by sight or hearing are clear and indelible; others cramped and narrow where the impression from the senses are confused and crowded together, and sometimes the wax itself is soft, or shallow, or impure; and so the impression is soon effaced. Often, too, we put, so to speak, the shoe on the wrong foot, or stamp with the wrong seal; and from these wrong and hasty impressions come false opinions; but there can be no mistake when perception and knowledge correspond. Here you clearly see the necessity for a compensatory or complimentary relationship. Knowledge is a matter of circles. The range of my mental vision and power to see, only carry me so far; but my brother man from the possession of heredity or genius looks far beyond my circle and is able to see things which are to him clear and distinct. His duty is to lend me his eyes and his powers and by this fraternal act, I am lifted by him to the mount of his vision, and then I look with him. This is indeed a quality of giving that does not impoverish and a withholding that does not make rich. Now, how better can we as physicians discharge our full duty to ourselves, to our patients and to our fellow practitioners than by gathering together and exchanging views and ideas on subjects of medical practice. The finish of the books of our libraries is not enough. The practical knowledge of every day experience, put in a condensed form for daily use, is of great value, and qualifies well the theories and *ipse dixit* of our medical lawgivers. We have all been benefited by attendance at these meetings, and we should never deprive ourselves of the benefit without a good cause. Let us come to this work then for the coming year with unselfish views and ideas. Let us put homœopathy and the propagation and dissemination of its principles among the people, above and beyond any ulterior motives. We are not exactly pioneers in the



cause, for it would live if by a present fiat of the Almighty we were suddenly blotted from the face of the earth. Homœopathy is fairly launched upon its career of healing among the nations of the earth. But we are in the vanguard and have much good work to do. The most cultivated minds tell us God speed and bless our work. The intolerance and bigotry and the prejudicial teachings of three thousand years are giving way before our vigorous onslaughts; but with all these favorable things to put on record it will not do for you or me to rest with arms folded and try to delude ourselves into thinking that the work is finished. "Do not lay that healing unction to your souls," it is not finished and never will be until the school of medicine that dominates in numbers stands abreast of and practices our therapeutics at the bedside. In no case hide your light under a bushel. You are a homœopath, and so hang out your sign. The days of scorn and ridicule have hastened to the shades of oblivion. To a thinking mind that word Homœopathy will stimulate the germ of thought, and then we know what must result—investigation. Thus were given to our cause in this country two of our brightest minds, Dunham and Hering. In the case of the people, a trial of the system results in more adherents, more working disciples and more friends. Then does it not behoove us as workers to gather together and distribute our wealth of daily knowledge and experience? Is it not our bounden duty to work simply and earnestly for the great cause? O, for more of that robust, manly energy and great intellectual power displayed in the infancy of homœopathy! Our pioneers were giants. Why can we not don armor like they and go forth and conquer our adversaries, who, had they the power, would have done anything to destroy us in the past. To-day they have a siren's voice and dulcet tone. Beware! they nevertheless have a serpent's tongue, and sting with the adder's venom. They are like thieves in the night. They have stolen our armor and are fighting with our weapons, and, after all this, ask us to lay down our arms and hide the banner of our crusade. Rather would I have the condition of the old regime, Give me rather an enemy on horseback, mounted and armed for the fray, than the lurking assassin.

In conclusion, if the spirits of the illustrious dead participate in the concerns of this life, the shades of Hahnemann, Boennighausen, Dunham, Hering, and the great number of valiant souls who battled while in the flesh for this present triumph of our principles, are now hovering near, and with uplifted arms are breathing benisons on us and our work.

## APIS MELLIFICA.

BY JAS. KITCHEN, M. D., PHILADELPHIA, PA.

What I am about to write, relating to *Apis*, I address chiefly to the younger part of the profession, those beginning to practice homœopathy or others not of many years standing. To the elder part I do not expect to enunciate anything more than they already know themselves, since it is a remedy that has been in use for many years, and of course very familiar to them. As regards myself I have made use of it, since its introduction many years ago, and I have generally found it very efficient in several conditions of disease.

Simple sore throat, generally arising from changes in the weather, at any season of the year, being an inflammation of the mucous lining, is generally subdued by it in a short time; its action is very prompt in such cases, frequently acting in 24 hours, when taken at the outset of the attack. When the inflammation is complicated by its extension to the nasal cavities or down into the larynx, other remedies may be required, but, in most cases, the *apis* alone is sufficient. Tonsillitis or quinsy, if taken in time, will be arrested and cured by it, but if allowed to go on for some days before seeing the physician, which is often the case, and suppuration has commenced, it will not prevent the discharge of the abscess but will hasten the cure afterwards, reducing the inflammatory condition of the part. Erysipelas is another disease in which it is very efficient. I scarcely ever give any other remedy in such cases. In all its phases I find it a superior remedy, whether in simple form or vesiculated, the latter only being the superlative condition of the simple and not requiring a different remedy. If much fever, aconite may be alternated with it. I use no outward applications whatever, except occasionally a little rye-flour to allay the itching—washes and other outward measures are apt to drive it to the brain and produce serious consequences. In such cases delirium ensues and much trouble and danger. The remedy here is stramonium. A case of this kind happened to me many years ago; it took four men to restrain the patient, he could not be induced to take any thing out of a spoon or cup, but would take copious draughts of water out of a pitcher. By putting stramonium in the pitcher the delirium was mastered in a few hours and rapid recovery took place.

In *rhus* poisoning it acts very favorably, better than any remedy I have given in those cases. In simple ophthalmia it is a very efficient prescription, and exerts its influence in a short time. In scrofula cases it is effectual in correcting and subduing the inflammation, but in such cases I generally give conium in alternation with it. After a



few days I change and give arsenicum and conium. These two remedies I have used in such cases with much success. Conium is a superior remedy where there is much intolerance of light, but its chief indication is where there is any orbital pain and especially pain in the supra-orbital nerve. I mention this remedy (conium), particularly, because in many papers I have read in journals in relation to eye diseases no reference is made to it.

In many cases of urticaria, apis has been given with benefit, particularly if much stinging sensation is present. Finally I come to a troublesome case which I ought to have mentioned under the heading of sorethroat. It is called the clergyman's sore throat, consisting in a chronic inflammation of the throat, arising from repeated attacks of an acute character. I will describe a typical case: Many years ago a clergyman of the Episcopal church called on me about his throat. He looked depressed and sad. He said he had just come from the office of his family physician, who had been treating him for several years with caustics and gargles of all kinds with no good results, and who now had told him that he must give up preaching or die. His reply was that he didn't want to do either. Living in my neighborhood he called in at my office for me to say if I could do anything to relieve him. Upon examination I found a true clergyman's sore throat, granulated and spots of superficial ulceration. He had a padded cravat around his neck almost as large as a small pillow, fashionable in those days. I ordered him to take it off and wear a small one, to gargle his throat every morning with cold water and bathe it outside with the same, and also the upper part of his chest and arms, and, if he could sacrifice his feelings sufficiently, his whole body; and then rub himself with a coarse towel. These measures with appropriate medication (apis chiefly), and hygienic care, made a perfect cure of him in a requisite period of time.

This kind of sore throat is the most obstinate to cure, on account of the constant repetition of the cause. To go to the bottom of the explanation I will begin with the sexton of the church, he is generally a most unfortunate person, like a shuttlecock battered about from all quarters. He is constantly censured by one part of the congregation for keeping the church too cold, by another too warm, so to shield himself he takes the middle course and pleases neither side, he keeps the furnace in such a state as to provide a medium temperature of 70° then when the congregation has filled the edifice, particularly if a numerous one, each having an animal furnace in his or her body, the temperature gradually mounts up to 90° or more before the termination

of the services, during all which time the pastor is exercising his vocal organs and if in a large edifice, very much on a strain, at the expiration of which his throat and whole vocal system is in a relaxed condition and worn out, he goes out into an atmosphere sometimes at zero or not far short. The difference of temperature produces a shock to his whole debilitated system and especially to his throat and vocal organs, re-action takes place, inflammation sets in. Thence, on frequent repetition, the clergyman's sore throat. After these frequent repetitions it becomes chronic and his allopathic doctor tells him he must give up preaching or die; but, fortunately for such cases and many other opprobria medicorum, many years ago a man was born into the world who formulated a true system of cure that with hygienic help mastered such and similar cases, a blessing to the world for all time to come. The common run of diphtheritic cases I generally cure with apis and cyanide of mercury in alternation. I know of no cure for a bad case.

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### ERYTHEMA MULTIFORME.

BY THOMAS S. DUNNING, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homoeopathic Medical Society.)

On Feb. 7th of this year (1887) I was called to see Mrs. D——, an old lady of seventy years or more, who was suffering from an intense pruritus of the whole body, but more especially upon the arms, hands, legs, and feet. There was no fixed eruption, though pinkish wheals would show themselves and the whole surface would itch most intensely, causing her to rub and scratch in spite of her efforts to restrain herself. The surface of the hands and forearms, for instance, would then become red and angry-looking. Burning was associated with the itching. The old lady was very thin, and had been so almost all her life. She was also much debilitated, but her general health was fair for her age and strength. A chronic cough and weak digestion had been much improved, so that for some months she had required very little medical treatment. There was no history of any unusual article of food eaten lately, except that shad had been used several times. Appetite had been fair, but had fallen off. A diagnosis of *urticaria* was made, and supposing the stomach to be at fault, puls. was prescribed. On the 8th, some better; less irritation. On the 10th, much worse. Changed to apis. No relief from the itching, though she has some sleep every night. By the 13th an eruption appeared, consisting of papules and blotches, made up of aggregations



of papules, but no vesicles or pustules, and not enough exudation to raise the epidermis into vesicles. There was, however, an infiltration and marked hyperæmia in these blotches, giving them a peculiar redness, which was quite distinct from the surrounding healthy skin, and which did not fade into it. The blotches varied in size from a quarter of an inch in diameter to the size of a dollar, or larger, often running into each other and giving a map-like appearance (*marginatum*), or healing from the centre, they appeared as concentric rings (*iris*). In the latter case there were in several patches decided differences of color, very suggestive of the rainbow.

The eruption was more decided upon the trunk and covered portions of the body, and was persistent from day to day, while upon the backs of the hands and forearms, and upon the feet, the eruption was still evanescent in character, and associated with most intense spells of itching. The itching was severe upon the whole body, with some burning, but it came on in spells—at times almost unbearable—and these were worse upon the extremities. Upon the palms of the hands the rash was more persistent than upon the backs, but, altogether, it was much less persistent upon the hands and feet than upon the rest of the body. The face kept very free from any eruption or itching.

The appetite was fair and there was very slight fever, but at times considerable acceleration of the pulse from the excitement caused by the pruritus. A diagnosis of erythema multiforme with urticaria of hands and feet was made (and stuck to).

A number of remedies were used. *Ars. iod.* to the 17th, then *agar.* for two days, then *ars. iod.* again, then *urtica urens*, then *sulph.* for three days to the 24th. Then *bry.* came in for two days for some special symptoms, followed again by *urtica*, then *apis* for two days, followed by *ars. iod.* for three days. The improvement was now more steady, the patient being for the most part comfortable.

Dry starch as a local application gave the most relief, though borax solution, sodæ bicarb. solution, and chloroform and sweet oil were used. The latter was too severe, probably from the scratch marks. By the 28th the case was about well, though the marks of the rash showed for weeks afterward.

Erythema multiforme is not a common affection in this country, and when found is more apt to occur among the young or in middle life. Mild cases may reach their termination in eight days, severe ones sometimes not for six weeks. Generally there is little or no fever, or the temperature may reach 104°. When widely distributed the erup-

tion does not usually appear at all points simultaneously, but progresses from point to point. Frequently the subjective symptoms are slight, there being little itching or burning.

My case was peculiar in that the trunk and larger parts of the extremities were involved, rather than the hands and feet, although there the subjective symptoms were most marked. There was more itching than is usually met with. The patient was quite an aged one. The case was a general one, severe and rather long in time. There were no vesicles developed.

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## DIAGNOSTICS IN HOMŒOPATHIC PRACTICE.

BY J. C. MORGAN, M. D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Philadelphia County.)

Every careful observer has noticed that in the *inception of acute* diseases, there is a stage of prodromic symptoms which are far from pathognomic of any particular lesion or so-called disease ; which may notify us of a number of possible separate affections ; and which, if dissipated, leave us wholly in the dark as to what they would have developed into, had they continued. For instance, pneumonia, rheumatic fever and intermittent fever may all begin with general pains, chill and fever—which, if immediately subdued by mere symptomatic treatment, as they must need be, if at all, and under the auspices of any school, may leave no lesion by which to announce a perfect diagnosis.

In such a community as this one in which we live, it is customary to send for the physician at this early period ; hence, the art of “knocking down” acute diseases has always commanded the ambitious energy of the medical profession—at least, since the days of the great blood-letter of American revolutionary times, Dr. Benjamin Rush. Too often, indeed, particularly in typhoid fever, it was the patient, not the disease, which was knocked down ; and the contrary practice, stimulation, after the theories of Dr. John Brown, of Edinburgh, afterwards gained ground. At length, this fever was given a place among those diseases which “cannot be knocked down.”

No such experience of the old school avails to satisfy the conscience and the ambition of a true homœopathist. He fully expects to “knock down” the majority of cases of cholera he may meet, when early called, by the use of camphor. Acute colds of all grades



he often aborts at the same stage, by the same drug ; or even later, by *aconite* or *gelsemium*, etc. Thus, he continually stands in doubt, as to "what might have been," and fills the "diagnosis" column of his record book with jots or notes of interrogation.

I have myself arrived at the conclusion that the ancient disregard of our school for diagnosis, although *not* to be emulated by us, was founded upon this same experience. And I will go further, and say, that no man who has not had this experience of diagnostic uncertainty has yet obtained the full measure of blessing possible to homœopathic therapeutics. Whilst standing at the front of pathological inquiry and diagnostic skill, as is our duty, from every point of view, we should yet *court* these scientific disappointments, in the sacred name of humanity.

Occasionally, the presence of contagious diseases may justify a diagnosis, even when the issue is a violation of all authorities upon the subject. If, in scarlatina, we often reduce this development to a minimum, why not try to do still better? And if the violent prodromic symptoms, so *characteristic* of the disease, are subdued in a day, why should the diagnosis be vitiated, and why may not we claim to possess resources for abortive treatment?

*Case.* About twenty years ago, at the request of Dr. Hering, I visited for him a little child who was convalescing, under *calcareo carbonica*, from an attack of scarlatina, the drug being indicated by its intense *desire for eggs*. It was nursed, with passionate devotion, by a girl, a cousin, of about twelve years of age, who had never had scarlatina. After the period of incubation, this girl was seized in the usual form, with intense fever, deeply red sore throat, crimson red flush of the face and the whole body, and a soporose condition of the brain; easily roused; eyes injected, dull, sleepy looking—a perfect *materia medica* picture, not of *belladonna*, but of that noble American remedy, *gelsemium*. The only preparation of the drug then at hand, but which, in the absence of considerable lesion, I have often found reliable, was the 1000th attenuation. Four doses were given, at intervals of four hours, followed by a placebo.

On calling, the next day, I could scarcely credit my senses, as I found this girl completely free of fever, sore throat, etc.; but rather pale and weak, as might have been expected, after such a febrile attack. That was the last of the trouble, for her, and I have ever since entertained the idea that the words of Sam Patch—"some things can be done as well as others"—have a just application to self-limited diseases, so-called, although this experience has never been exactly duplicated.

I will add, as to typhoid fever, in its fully developed form, where an unquestionable diagnosis can be given, I have not, since 1865, seen ten, perhaps not more than six cases, in my own immediate practice, aside from consultations, and not one during the last three years. "Why is this?" I have often asked myself. My clients have no reason for unusual exemption as to their environment. I can only answer my own query by saying that that same noble drug, in attenuations from the 1000th down to the 3x, given in a conservative manner, is my first thought in every case of any kind of fever, showing that sleepy flush which so well marks its post of duty. Thus, I feel satisfied that the paucity of numbers upon my typhoid fever list must find its explanation in the power of the self-same drug, *gelsemium*, despite the inability of all "scientific" medical authority, to "knock down typhoid fever" in its beginning; for it seems otherwise unaccountable that my cases have been so few, while bad water, bad drainage, etc., etc., have been so ripe among the homes of this city. Similar statements would be equally true as to other diseases, particularly croupous or lobar pneumonia. In conclusion, I repeat that it is the privilege and the duty of our school, while maintaining our place in the forefront of scientific medicine, in pathology and diagnostics, etc., nevertheless, in the sacred name of humanity, still to court this same sort of scientific disappointment every day.

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#### DISCUSSION.

DR. AUG. KORNDORFER said that if the homœopathic school paid more attention to the line of thought suggested by Dr. Morgan's paper, more good would result. He looked upon the early treatment of any case as of prime importance, for if it be correctly carried out, it will either stay the progress of the disease or else render what might have been a severe case, a mild one. His experience in small-pox epidemics had taught him that small-pox could be prevented. Since using cyanide of potassium, he had always been able to prevent the spread of the disease. In no case had he had two cases of the affection in the one house, and that, too, notwithstanding the fact that during the small-pox epidemics of 1870-71, he was engaged in dispensary practice which brought him patients living in the smallest, most crowded and filthiest streets and courts of the city. In one instance, he had treated a case of small-pox in a six-room house in which there were sixteen people living; yet the disease did not spread. He then



used the cyanide of potassium. He had also used melandrinum in a number of cases with good results. In several cases where the patient had not only back-ache and fever, but shot-like feeling under the skin and quite a number of spots out over the body, that remedy has prevented vesication and subsequent pustulation. This being done in some cases, may be done in others. Observation will show that of a number of cases of a given disease under homœopathic treatment, and of a like number of the same disease under allopathic treatment, the average duration of the former cases will be shorter than the latter.

DR. HORACE F. IVINS remarked that in his hands gelsemium had shown a remarkable power to avert acute nasal catarrh in the early stages.

DR. WM. H. BIGLER said that he would never assert positively that a certain disease had been averted. He knew of two or three occasions during small-pox epidemics when, after attending cases of that disease, he had backache and fever, but not the shot-like feel beneath the skin, yet as soon as he had convinced himself that he was thoroughly disinfected these symptoms disappeared.

DR. KORNDÖRFER said that he would agree with Dr. Bigler, and further that he would not consider his treatment a success unless he prevented *all* further spread of the disease in the house.

DR. BIGLER suggested that Dr. Korndörfer might have ignored the idiosyncrasies of people. A number of persons can be exposed to small-pox in its most aggravated form without contracting it and without using a preventive. He would still contend that our ability to prevent its spread is still uncertain.

DR. KORNDÖRFER replied that when in early part of the epidemic his mortality was four out of ten cases, while under his treatment later, when his methods were correct, he had no deaths and the disease did not spread in a single case, he felt that he could assert his results with certainty.

DR. CLARENCE BARTLETT asked Dr. Korndörfer how he used the cyanide of potassium.

DR. KORNDÖRFER replied that he sprinkled a solution, ranging in strength from two to five grains to the ounce, about the rooms and hallways of the infected house,

DR. T. H. CARMICHAEL asked if Dr. Korndörfer had ever used the remedy internally.

DR. KORNDÖRFER replied that he had not. He had used sulphur internally. Later he employed melandrinum. In these cases he did

not have suppuration in a single one. In most of them the vesicles dried, leaving thin scales which loosened in a few days.

DR. CHAS. MOHR agreed with Dr. Bigler that there was a great deal of uncertainty in the matter under discussion. This uncertainty is made manifest to us when we hear one man assert that he aborts all of his cases of typhoid fever with gelsemium, another with baptisia, and still others with bryonia, rhus tox., etc. This indicated to the speaker that all such statements should be received with great allowance. If a disease is to be aborted by homœopathic remedies, then we must individualize our cases just as carefully as we would were we dealing with the fully developed disease. If a physician has had ten or fifteen cases of prodromal symptoms, which from his knowledge of clinical history would teach him that he must almost certainly have new developments if he had not used abortive treatment, and he applies his indicated remedy and the patient gets well, then he has a right to say the remedy did the work. Dr. Mohr said that this was his experience. He always individualized his cases. He did not believe in specific medication. By practising in this way, he had in every case either been able to abort the disease or else to cause the disease to run a milder course than ordinary.

DR. W. W. VAN BAUN asked Dr. Mohr to name the symptoms on which he based his diagnosis of typhoid fever in the early stages.

DR. MOHR replied that the main symptom was the characteristic temperature. There was no diarrhœa, no tympanites, no roseola. In one case, this condition of affairs kept up for over four weeks. That case was a very mild one.

DR. KORNDORFER said that every epidemic and endemic disease had its own remedy. This possibly suggested why one physician used gelsemium with success, another in another locality used baptisia and so on.

DR. MOHR replied that he had not lost sight of this matter. He well knew of the genius epidemicus. In epidemicus in this city, endemic in certain localities, different cases have been treated with different medicines, in the same locality and at the same time, according to the individual idea of the prescriber. Yet these physicians claim that they will avert the disease.

DR. I. G. SMEDLEY expressed his belief in our ability to avert disease. For example, if from hereditary causes, a patient has cancer gems in the system and if all exciting inflammations are cured such as erosions of the os, lacerations of the cervix, there will then be no irritation to excite the deposit of cancer cells in that locality.



**\*ON A CONTRARY ACTION OF FEVER-EXCITING AND FEVER-RESTRAINING  
MEDICAMENTS.**

BY DR. ED. ARONSON, IN BERLIN.

TRANSLATED BY W. Y. COWL, M. D., OF NEW YORK.

TO THE EDITOR OF THE HAHNEMANIANN MONTHLY.

DEAR SIR.—Allow me to transmit you a rendering of a recent communication to one of the chief old-school medical journals of Germany, which is of interest to those who are familiar with Hahnemann's first proving of Peruvian bark. It is certainly a noteworthy fact that the present experimenter observed that he got this contrary action of a fever-evoking medicament in animals out of normal conditions; and it may suggest, to the allopathic mind even more forcibly than the contrary, unlooked for and often severe results following the use of quinine and antipyrin, that the idea which homœopathists have continuously been enforcing upon their patients, has a demonstrable basis of truth; namely, that powerful drugs are injurious in disease. To mention but one instance, which indeed is sufficiently evident to the homœopathic practitioner, let me recall the serious effects of opium and other narcotics when the powers of life are low.

Yours very sincerely,

W. Y. COWL.

BERLIN, Feb. 13th, 1888.

"An observation, made in the course of researches during the winter semester of 1886-87, yet unpublished, becomes of special interest with reference to some recent similar experiences, while it is of itself noteworthy.

By a subcutaneous injection of 'sterilized' hay-infusion one is enabled to excite a febrile condition in animals without causing either death or giving rise to evidence of severe disturbance.

The course of the temperature during the febrile period, in the large number of cases of hypodermic injection of 'sterilized' hay-infusion which I have carried out upon rabbits, characterizes itself in the following manner.

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\*Ueber conträre Wirkung Fieber erregender und Fieber hemmender Mittel. *Deutsche Med. Woch.*, 19 Jan. 1888. Aus dem hier-physiologischen Laboratorium der landwirthschaftlichen Hochschule zu Berlin.

				Minimum.	Maximum.
Rise of temperature after	1½ hours	0.05° C.	0.09° F.	1.7° C.	3.06° F.
" " " "	2 "	0.7 "	1.26 "	1.4 "	2.52 "
" " " "	3 "	0.8 "	1.44 "	1.7 "	3.06 "
" " " "	4 "	1.15 "	2.07 "	2.0 "	3.60 "
" " " "	6 "	1.0 "	1.80 "	1.45 "	2.61 "
" " " "	7 "	0.8 "	1.44 "	1.25 "	2.25 "
" " " "	9 "	0.5 "	0.90 "	1.2 "	2.16 "

On an average therefore a rise of temperature of 0.8° C. is determinable one and a half hours after the injection, and a maximum is reached in most cases after four hours; but at this point the temperature remains but a very short time and after about twelve hours has again become normal. In every case two cubic centimetres (3ss.) were injected per kilogramme (2.2 lbs. Avoir.) of animal weight, while it may be stated that a double quantity of the infusion has no marked influence upon the height and duration of the fever.

But what is to be especially emphasized at this point, is that on each occasion two to five rabbits received the injection simultaneously from the same sterilized hay infusion, which indeed sufficed for several such researches.

Thus in seventy instances altogether occurring in fourteen rabbits, a rise of temperature was observed after every injection. On one rabbit I had made fifteen observations during the course of three months, always with like positive result; but on the 5th of March, 1887, as the sterilized hay infusion was injected subcutaneously for the sixteenth time, there followed not a rise of temperature, but a fall thereof, and this decline pursued the same characteristic course as the previous rise of temperature under the same conditions. With the same sterilized hay infusion two other rabbits, Nos. VIII and IX, were experimented upon, and in them both the temperature rose. The same infusion had likewise been used on the 18th and 26th of February, and had induced in all the animals employed, viz., Nos. IV, VIII, IX, X, XIV, and XI, a rise of temperature. (Tables given showing the usual rise of temperature after the injection and also the fall, in rabbit No. IV, of 2.15° C. (4.0° F.) within a period of three hours).

It is sufficiently shown by these researches that the paradoxical action in the one case is not to be sought in a change in the active agent, but in an altered behavior of the animal organism. The question, however, immediately arises, how this sterilized hay infusion acted after March 5th, and how rabbit No. IV. reacted upon renewed researches.

There remained enough of the same sterilized hay infusion for experiment upon the rabbits on March 9th, viz., Nos. XII., VIII. and IV. I give the temperature curve of rabbit No. XII., which had



previously served for two researches and had shown the typical rise of temperature after the injection. (Table showing a rise of temperature of  $1.3^{\circ}\text{C}$ . ( $2.25^{\circ}\text{F}$ .) within a period of five hours).

Here again we have it proved that the sterilized hay infusion had not lost its pyrogenic properties. It was thus then so much the more surprising to observe the peculiar course which the temperature curve of rabbit No. VIII. took. (Table showing a fall of  $0.45^{\circ}\text{C}$ . ( $0.75^{\circ}\text{F}$ .) within a period of one and a half hours).

In this instance, likewise, contrary to the previous results, the temperature immediately fell after the injection and stood even at the end of two hours  $0.2^{\circ}\text{C}$ . ( $0.4^{\circ}\text{F}$ .) below the normal.

So that we may here also speak of a contrary action of the sterilized hay infusion, although not so outspoken as in No. IV.

Concerning rabbit No. IV., in which the first contrary action was observed on Mar. 5, as above mentioned, on Mar. 7 a temperature of  $39.05^{\circ}$  was taken, and on Mar. 9 a new experiment made and at the same time upon Nos. XII. and VIII.

(Table showing in No. IV. a fall of temperature of  $1.05^{\circ}\text{C}$ . within six hours, three-quarters of the fall being within the first hour).

Concerning rabbit No. VIII. I find only a note that on Mar. 10 the temperature was  $40.05^{\circ}\text{C}$ ., and on Mar. 12,  $39.6^{\circ}\text{C}$ . With this my observations of this animal ceased, as indeed my work in the laboratory, and I am able to report nothing of the further life history of the rabbit: but of the previous period of observation of rabbit No. VII., as of No. IV., there are some matters of moment to be brought forward, which are worthy of our consideration. Rabbit No. IV. received during the entire period ordinary food—oats, potatoes, water, and yet the weight of the animal constantly diminished from 2,000 grammes on Dec. 14, 1886, to 1,090 grams on Mar. 9, 1887, or a loss of 46 per cent. in the few days before its death; indeed, it took no food, and suffered from intestinal catarrh. Rabbit No. VIII. received from Jan. 7 to Jan. 14 ordinary food, and the weight remained constant at 2,030 grams. From the 14th of January to the 19th of February it was fed with starch and fat, and the weight fell continually to 1,420 grammes, or a loss of 30 per cent. The condition of the rabbit became correspondingly miserable. On the 14th of Feb. it was noted, rabbit is clumsy, feeble, emaciated, slips about. From the 19th of Feb. until the last day of observation, Mar. 18th, the rabbit received good fodder—cabbage, wheat and oats. In spite, however, of the better nourishment, the weight increased only at the outset. On Feb. 26th, 1,530 grams, and then continually fell. Mar. 4, 1,490, Mar. 5, 1,460,

Mar. 9, 1,370, Mar. 12, 1,320, Mar. 18, 1,330; therefore, a loss of 34 per cent.

As it must be concluded from the temperature tables, that the cause of the paradoxical phenomenon was not the injected substance, but could only be an abnormal reaction of the animal experimented upon, so is it to be seen from these results, that both the rabbits Nos. IV. and VIII. began to react in a contrary manner to the sterilized hay infusion at a time when by insufficient and unsuitable food they had fallen into a bad condition of body.

These are the immediate results of my observation, and although many researches have been made with pyrogenic substances—as by Schmidt in Dorpat and his pupils, by von Bergmann, Naunyn and Quineke, yet there exists scarcely anything in literature upon a contrary action of an otherwise regularly fever-exciting medicament. Bergmann has only made a similar observation, which distinguishes itself, however, from mine, in that in Bergmann's investigation, the temperature sank immediately after the first injection of a tolerably large amount of fetid blood in the jugular vein, with the several symptoms of illness and, indeed, continuously from hour to hour until the rapidly following death.

Upon the paradoxical action of fever-restraining medicaments there exist many communications, to the explanation and determination of the value of which my observations are without significance.

An increase of temperature has been repeatedly observed instead of a diminution upon the administration of quinine, salicylic acid, and antipyrine more especially, together with manifold complications: exanthems, tinnitus aurium, photopsias, œdema of the extremities, albuminuria, hematuria and icterus. The cases of fever developed by these medicaments pursue, as a rule, the same characteristic course as that evoked by cauterization of the centres, or by the subcutaneous injection of hay infusion. The rise of the temperature after the injection of sterilized hay infusion, as well as after electrical and mechanical excitation of the thermogenetic brain centres begins immediately, and the maximum is reached in most instances after but few hours: the rise lasts in the first and second attacks about 12 hours; after cauterization, 2, 3, 4 days long. As instances of the course of the quinine, salicyl and antipyrine fever, we shall note those related by Tomasselli (1874 and 1877), Ughetti (1877), Antoniadès (1879), Herrlech (1883), Leichtenstern (1884), Merkel (1885), Lurmann (1876), Baruch (1876), Erb (1884), Lœsche (1886), A. Fraenkel (1886), and Bernoulli (1887).



## INTUBATION OF THE LARYNX.

BY H. K. HOY, M. D., BELLEFONTE, PA.

It may not be amiss at this time, when almost every newspaper contains an account of the operation of tracheotomy performed upon the Crown Prince of Germany, to call attention to the subject of intubation. Although intubation would not be applicable in such a case as his is represented to be, it *is* suited to a large number of cases that die for every physician who does a large practice, where only tracheotomy would vie with it in the treatment. Just what its future may be is not clear to my mind, as I have had a good result, and a bad result, while using the tube, but I think it will be the treatment in those cases where one or the other must be resorted to as a final resort, and I believe that every practitioner should be ready to use it when occasion demands.

I have been in the profession almost seven years. I can go through our cemetery and point out eight little graves of those who died of membranous croup and whom I attended. This is a sad confession to make, but it is a true one. I did the best I could for every one of them, but they died. My regret to-night is that I was not prepared to try intubation upon them all. I have now tried it upon two patients, one recovered, the other died.

What a satisfaction it is to feel that you have saved the life of a bright child. Save a child that has membranous croup and it will give you, and your friends, and the child's friends, more pleasure and satisfaction than the hundreds you treat who suffer the ills in which recovery is the rule.

It was my pleasure during the winter of 1886 and 1887 to take a course in the Post Graduate Medical School and Hospital in New York. While there Dr. Joseph O'Dwyer, upon invitation of the Faculty, spent one hour with us in explanation of the revived subject of intubation, and in the use of the outfit he has invented. I notice he is now a member of the Faculty of that institution and gives regular instruction upon the subject. He represents that he saves 75 per cent. of his intubation patients. This is a good showing. Who knows of anything better? There the subject was impressed upon my mind and yet I am sorry to say five little patients died since then, whom I should have tried to save in that way, before I was prepared for it. I thought each case would be the last, but they come upon us when we least expect them, and two hundred and fifty miles between an operator and instruments to work with is quite an item in case of emergency. I hope I may always hereafter be ready for these cases.

Dr. O'Dwyer says, "you must practice upon the cadaver before you attempt to insert the tube upon a living subject." I had no cadaver, therefore could not follow his instructions, but I succeeded the first time I tried to introduce the tube upon my patient. I am free to say, however, that the insertion of the tubes is a difficult thing, and also that their extraction in some cases is hard to accomplish. Many of my professional brethren in country towns, and places remote from instrument dealers, are situated just as I was, and to such I say: Get your outfit, follow the printed instructions contained in the case as closely as possible, and do not let a little sufferer die for want of courage upon your part. Every physician who has sat by the bedside of one of his little patients dying from croup following diphtheria, as I have, will never forget the intense agony attending such a case. May I be spared from ever having another such experience.

It may be well enough here to give my experience with the mouth gag. If the condition of my left index finger after a trial of this instrument, were to be considered a criterion to go by, I should say the mouth gag is a delusion and a snare. My assistant could not keep it adjusted so as to do its work. Large solid corks were successively tried, but the child, a strong three year old, bit them to pieces in his agony. Then I got a piece of gum, such as is used for tightening buggy-shackles. I cut down one edge to make room for entrance, and the assistant had no trouble in keeping the jaws apart with it. It served the purpose so well that I want nothing better.

During the autumn just passed and the present winter there have been many cases of diphtheria in and about our town, and the profession well know what it means when the diphtheritic membrane invades the trachea. These are the cases that proved so highly fatal for me. I saved the life of only one such patient and that was by use of the tube. In these cases I tried remedies to my heart's content. I was brave upon the subject of tracheotomy until I found the parents willing to submit to an operation upon a little daughter whose death seemed imminent and after the trial I did not think so highly of tracheotomy as I did previous to it. All things considered, then, I am in favor of intubation, and shall continue to use it in such cases, unless, as intimated by one of my old-school friends, I find I am on the wrong track. A writer in a recent copy of the *Philadelphia Press* says of tracheotomy: "It would be allowable as a *a dernier resort* if only one life had been saved by it." I can say the same of intubation. I have saved one life with it; there is no doubt about that, and it will require great weight to overcome my opinion of in-



tubation in consequence. It might not be of interest to enter into details in all the cases alluded to under this subject, but I want to give my experience and impression of those most instructive.

In the tracheotomy case referred to, I called upon my good friend Dr. K—— who administered the anæsthetic. I got along very nicely with my operation for a time, when I severed a vessel that gave troublesome hemorrhage. By the time this was controlled our patient seemed so cyanotic that we feared death upon the table. Tracheotomy to our knowledge had never been resorted to in this section of the state. Discretion, you know—and we concluded to stop right there. The patient died about five hours later.

In the case of the intubation patient, who recovered, I was called in on Monday. There was formation of membrane on the enlarged tonsils, some fever, child not alarmingly ill. Under remedies, and a gargle of chlorinated soda, fifteen drops to two-thirds of a goblet of water, the membrane thinned off and by Thursday very little, if any, was visible over the tonsils. Everything seemed favorable and I thought the child doing very well. At noon on Friday I was informed that the patient was very croupy. I called in and found matters as represented. My friend Dr. K—— again assisted, and we got the patient over the night fairly well, but when morning came the breathing was so labored that strangulation was greatly feared. At 9.30 A. M. the outfit, which had immediately been telegraphed for, came, and a tube was at once introduced. The patient was relieved and in a few minutes was peacefully sleeping. We watched him with care, allowed the tube to remain for five days, when we removed it. At the present time the patient is in good health and becoming quite robust.

In the case of the intubation patient who died, I want to say this: I was called one Saturday night to see a two year old patient. He had diphtheria. I think I never saw a much worse looking throat than his. There was an abundance of membrane presenting and croupous breathing. The parents were poor people. One little daughter had sore throat for a week prior to this time. She, too, had diphtheria, but was without medical attendance until the forenoon of that day, when she called to see me at my office. How long the little boy had been ill the parents could not tell. All they knew was, "he has taken no nourishment for several days." I prescribed the remedies I thought indicated, and on Sunday and Monday following no croup symptoms were noticeable. On Tuesday I was surprised to find my patient's breathing very croupy, and he was apparently lying

in a state of collapse. My friend, Dr. K., was again called in, and we introduced the tube. In this case I could not feel the epiglottis, as I did in the former patient; I believe it had sloughed off.

We left the little patient lying about as we found him, save that he was breathing easier through the tube than he did previous to its insertion. This was about 10 A. M. I called several times during the day and found him rallying. Early next morning the father called upon me to report that the patient was up and playing with the other children. I went to the house and found it even so. He was in a warm kitchen playing with his little sisters, as happy as could be. Why did I not make those parents put that child to bed where he belonged? I will not answer the question, but I did not do so. All went well that day. The next morning I was sent for early. I found the child about as near a state of collapse as upon the preceding Tuesday. He was breathing pretty hard. I supposed that the tube was closed with the thick mucus which is present in such cases, and tried to get it away, but all to no purpose. A few hours elapsed without change for the better. I determined to extract the tube and apply a larger one. In this I made several unsuccessful attempts. The parents begged me to desist, yielding to their importunities I did so, and in a short time the child died in their arms. Might I have saved it if I had gone ahead and extracted the tube and inserted another? When it seemed to me the child was dead it drew one long full breath. This was proof that the tube was not closed with mucus, and I believe this patient died from exhaustion. During the time that I was in attendance the patient partook of very little nourishment, and this is a point not to be overlooked in using the tube. My former intubation patient partook freely of bovine, maltine and milk. There was no trouble about swallowing, and we kept the lad well supported. In the latter case we tried to do the same thing, but there was a difficulty in swallowing, and the stomach was irritable. Vomiting often occurred as soon as the taking of food was attempted. I think therefore that the tube did its work well enough, and that death came from the cause stated.

Every outfit has, or should have, printed directions accompanying it for using the tubes, and these give all the information requisite for the introduction and extraction of the same. Practice upon the cadaver I have no doubt would render an operator more skillful and ought to be resorted to when circumstances will permit. This simple suggestion might prevent a tube from slipping altogether into the trachea. When the tube indicated by the scale of ages is inserted, and you are sure it



is in the trachea, before removing the string test it with the finger, using moderate force to see whether the flange upon the upper end of the tube will pass down between the vocal chords. If it will you may be sure the tube is too small, and a larger one must be used. Some serious mishaps have occurred under this method of treatment from this cause, and it seems to me that care exercised in this manner might avoid them.

Some of my professional brethren may think that if this paper is an expression of my success in practice I am doing good work for the undertaker. To such I will say that this is the saddest, darkest phase of my professional experience, and if my bad results in this line of disease, and the remedy I suggest will enable others to do better than I have thus far done, I shall be amply rewarded for an evening spent in formulating my experience.

One more thought and I shall close the article. I think that patients sometimes die from the thick (characteristic *Kali bi*) mucus filling the tube, it being drawn from the throat into the tube during respiration. In one instance my patient, who recovered, got to breathing very labored, so much so that I suggested a larger tube. The parents objected. I remembered then that coal oil had done well to remove an accumulation of mucus in other cases, and a few teaspoonfuls were given with the happy result of affording quick relief.

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### STIMULANTS.

BY SAMUEL M. PLUSH, M. D., PHILA.

[Read before the Oxford Social Medical Club.]

We have selected for our topic of discussion this evening, the subject of stimulants. The various understandings, or rather misunderstandings generally entertained of the nature and character of stimulants, make the subject rather difficult of approach. The line of demarcation between what is really a tonic and what is a stimulant and what is a narcotic, being so illy drawn and gradually fading away as we approach more closely to it, surrounds the subject with still greater perplexities, so that after viewing the ground for some time in doubt, we feel like repeating the words of Sairy Gamp's friend, "I don't believe there's no sich a person!" And it is a question to-day whether the various results obtained by the different so-called stimulants and narcotics are not due rather to dose, than to any inherent quality possessed by them. A whip may be regarded as a stimulant when vigorously applied to the back or limbs. Hope and moderate

fear are undoubted stimulants, as in many cases they urge to feats of great valor and prodigious strength. Electricity is a stimulant of the whip order, differing from it only in its power of penetration. In these cases, however, the energy expended must be at the expense of the animal system, which must suffer a corresponding depression.

The question arises naturally. Do tonics and stimulants supply force to the system, or do they liberate a force in the system? That is, do they cause a disintegration of tissue, or supply a new force by their own disintegration or by forming new chemical combinations with the elements found in the organism, thus leaving a surplus energy?

A tonic is a substance which is supposed to contribute force. Now alcohol is classed as a tonic and stimulant, while a stimulant simply calls organic activity into play. Every living organ is endowed with excitability; that is its most general property. Anything can be a cause of excitement for most tissues and stimulants are nothing more. This we see is a great way from increasing the supply of forces. While tonics are means by which we enrich ourselves, stimulants are, in reality, means of impoverishment. We should remember, however, tonics and stimulants produce analagous effects.

Take, for instance, strychnine; when but very little is used the excito-motor power is increased. Give it, for example, to a paralytic patient, we supply him with the means of raising his body, when otherwise he could not do so, he can produce a greater number of efforts. But if we go beyond the due measure—if, rather, too heavy doses are given, it is no longer an increase of radical force that is produced but a real excitement.

Likewise and inversely we will mention opium, which in small doses, is a stimulant and which, although a stimulant becomes an indirect tonic, owing to the vascular excitement which it determines in the organs. We would venture to suggest, therefore, that there is a very close if not entire similarity between tonics, stimulants and narcotics; the chief difference being their condition and concentration.

Again we find they all, or nearly all produce opposite effects in very large doses to what they do in small ones. The following hypothesis may account for this: Suppose in the one case the remedy is capable of acting on the vaso-motor constrictor nervous system, and in the other case on the vaso-motor dilator, if we suppose an effect of the same an excitation, a cession of force being exercised on each of these two systems, the effects will be diametrically opposite. If you excite the dilator, a hyperæmia will be the result, if, on the contrary, you



excite the vaso-constrictors, the consequence will be ischæmia or anæmia and all its phenomena.

We therefore see that by the same process, with the same manner of acting, according as this action is applied to different organs, we obtain the most varied result. To preserve perfect harmony between these two systems, is of vital importance to the physical economy. Health undoubtedly demands that an equilibrium be established and maintained between them. When from any cause the equilibrium is disturbed, a train of disorders must ensue, and in time a change of structure result. The economy demands assistance to restore its lost balance and a legion of remedies are at hand. The selection being governed by circumstances more than design. Alcohol is popularly regarded as a stimulant. It enters largely into all distilled and brewed beverages. The narcotic properties of these beverages depend entirely upon the amount of alcohol contained in them.

Whiskey contains of pure alcohol about 50 per cent.

Wines vary from 8 to 20 per cent.

Beers and ales from 4 to 10 per cent.

Cider from 5 to 7 per cent.

Food properties are not found in alcohol and their tonic and stimulant effects must be due to their solvent properties of the fatty substances in the nervous system. While it is admitted that alcohol and kindred substances do not possess of themselves aliment or food, they support life and lengthen out its tenure. It is universally admitted, also, that energy can only be had by the disintegration of some organic structure and hence, every thought, act or motion of ours represents a corresponding destruction of tissue.

Food, consequently, cannot furnish force directly, but is only the substance by which the tissue is renewed. It represents the life and growth of the structure while action represents death. Hence:—"We live that we may die, and die that we may live." There is no nation and there are very few individuals who do not make daily use of some substance to which the term stimulant narcotic may be applied in strict accordance with what we know of the action of drugs.

Coffee leaves are taken in the form of infusion, by 2,000,000 of the world's inhabitants.

Paraguay tea is taken by 10,000,000.

Coca by as many.

Chicory, either pure or mixed with coffee, by 40,000,000.

Cocoa, either as chocolate, or in some other form, by 50,000,000.

Haschisch is eaten and smoked by 300,000,000.

Opium by 400,000,000.

Chinese tea is drunk by 500,000,000.

Finally, all the known nations of the world are addicted to the use of tobacco, chiefly in the form of smoke; otherwise, by snuffing or chewing.

In summing up briefly let us ask—

What are tonics?

What are stimulants?

What are narcotics?

May not each be considered a proper subject for either classification, their more apparent difference being due to the dose?

Do not our habits of life—the cares and excitement of business, demand the use of one or the other?

Would the world be benefited by being deprived of the use of them?

Are they the cause of crime—or the innocent agent through which it is committed?

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## Translations.

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### RAILWAY BRAIN VERSUS RAILWAY SPINE.

BY DR. OPPENHEIMER, BERLIN (BERL. KLIN. WOCHENSCHR. 9, 1888).

[Translated for THE HAHNEMANNIAN MONTHLY, by S. Lillenthal, M. D., of San Francisco, Cal.]

Erickson wrote a valuable treatise on “railway spine,” considering the symptoms following injuries and concussions of that kind as lesions in the spinal cord, and all brain symptoms as secondary manifestations. We intend to reverse that idea, instead of a railway spine we speak of a railway brain, and we change the traumatic meningo-myelitis into a traumatic hysteria.

The symptomatology of the morbid state, following railway accidents is exceedingly manifold, still there are some symptoms which form a nucleus, and are worthy of our consideration. The most essential changes are mental ones in its affective sphere. *Irritability and a change in disposition* prevail. The patient is down-hearted full of painful notions; loves solitude, abhors society and conversation, and always in a plaintive mood. Such a depression is associated with sensations of anguish, working off and on in severe paroxysms, centering always in the accident which produced it primarily. In his dreams the same accident is gone over, the patient groans and moans in his sleep, jumps out of bed and runs around in his bewildered state.



Two symptoms differentiate such a state from pure melancholia: *the abnormal irritability*, becoming frightened from the least noise, a conversation with their physician is irksome, such patients have lost their trust in everybody and feel themselves easily offended; they are extremely touchy to all external impression and weeping often gives relief. Another symptom is *hypochondriasis*; and every imaginable pain must have had its origin in the accident, and it is a sort of painful pleasure to astonish their folks with a new sensation emanating therefrom. It is not an injured nerve or an injured cord which is to blame, but only a mental alienation, which in some cases may lead to progressive dementia with hallucinations; others suffer from agoraphobia. A typical symptom is *vertigo*, which may lead to petit mal or genuine epilepsy; or in other cases we meet true *hysterical spasms*.

In relation to sensory disturbances we meet the same contradictory state *hyperæsthesia* and *anæsthesia*; great sensitiveness to light and diminished vision; oversensitiveness to noise; he complains of scaring, hissing, whistling sounds and at the same time diminished power of hearing. Very often nearly the whole surface of the body is anæsthetic with hyperæsthetic zones intermixed, which may lead to false explanations; thus they may be very sensitive to slight pressure or touch, whereas a painful procedure, like the prick of a needle or a cut is hardly considered at all painful. Abnormally sensitive in chiefly the lower parts of the spine and the surrounding soft parts. At other times scars, originating in the accident, are oversensitive to pressure. It is remarkable that the extent of this anæsthesia is changeable and that it never follows the course of a nerve, as might be expected in a disease of the spinal cord. Especially instructive are those cases where an extremity, an arm, a leg or even only the foot is the injured part and hemianæsthesia develops therefrom, attacking the whole corresponding side of the body, and just such a hemianæsthesia is often passed over because the surgeon gives his whole attention to the trauma. Only exceptionally the typical girdle-pain is complained of with a corresponding anæsthetic zone. In some cases the patient is forced to control all his positions with his eyes.

Pains are most often felt in the back, dull, pressing, not fulgurating, but inhibiting motion. Headache is frequent. Reflex irritability may be increased, but more frequently diminished, cremaster and plantar reflex may be absent. The tendon-phenomena are always present and sometimes increased. Disturbances of mobility are easily detected. In looking at the muscles of the trunk and extremities, we find the motions slower, without energy, and we often find that when

the patient will exert his will power, his motor power will be increased thereby. Sudden torsions of the body, rapid movement of the legs are extremely painful, so that the patient tries to keep away all concussion by fixing his spine during every motion.

The gait differs in its abnormalities. His gait may be heavy, the legs kept apart, and the fixed straight spine supported by the head, or it may simulate that of a drunken person, or he may propel himself forward under continuous tremors of the body; and one of our patients had more retrogressive than progressive power.

In the rare cases of unilateral disturbance of mobility the leg of the suffering side is dragged along, differing in certain points from the dragging of the paralysed leg, as seen in pure hemiplegia. Tremors are very frequent, especially in the extended hand, showing the character as observed in hysterical and neurasthenic people or in drunkards. These tremors may become so severe that the whole body seems to be under its influence and aggravated by mental emotions; there is nothing of a sclerotic tremor. As soon as the patient shuts his eyes he vacillates. Of all motory cerebral nerves, the one for speech suffers the most. It is not a pure aphasia or a simple disturbance of articulation, no bulbar paralysis of speech, but mere peculiar anomalies. It happens that the patient stops in the middle of a sentence or some words are pronounced with difficulty, others shot out rapidly, or speech is inhibited by frequent inspiratory or sighing motions; some of our patients acknowledge that in the middle of a sentence they forget what they wanted to say.

We often meet nervous palpitations and considerable increase in the frequency in the pulse, sometimes with red face, dilated or different pupils; an increase, most constantly noted from the slightest mental emotions, or sudden clapping of hands behind the back of the patient. It may happen that the face, neck and chest become suffused with redness, and copious sweat dribbles from the axilla. The heart pulsates lively, but there is neither dilatation nor murmurs. In most cases nutrition suffers, anorexia and constipation are frequent and some patients complain of impotence. More rarely we meet vomiting, thirst, polyuria, rise of temperature; febrile paroxysms with chills were only observed in two cases. Sometimes the bladder suffers or the patient has to force the urine out in a sitting position, or the catheter has to be used. The pupils are tardy in their motions or fail to respond, more rarely atrophy of the optic nerves is found.

The theory of Erickson in relation to the railway spine was accepted by Leyden and Erb, who considered the shock as producing an inhi-



bition of the function of the spine, from which alterations gradually develop in the cord and its membranes. Gerhardt and Westphal find in some cases a relationship to disseminated sclerosis. Though the doctrine of traumatic mental alienation is well known, psychical anomalies in railway spine were hardly found worthy of observation. Rigler's siderodromophobia takes in only a part of the symptoms, and Mocli, Walton, Putnam, 1881, were the first who considered railway spine an affection of the hemispheres. Charcot and the French school consider all cases emanating from railway accidents, as far as the nervous system suffers, to be hysterical, and nothing else.

Anæsthesiæ were known long ago, and a spinal affection could not be blamed for it, says Charcot, but his practice is mostly with hysterical and hysterio-epileptic patients; and especially with such ones who gave hysterical manifestations long before the accident. Still, there is a great deal of truth in his observation, and his observations on coxalgia hysteria and psychical paralysis have stood the test. Charcot shows that during hypnosis one may produce paralysis by suggestion, or by a slight tap on the extremity, showing the same character as those after accidents, and accompanied by the same sensory disturbances. Charcot considers the psychical state, setting in after an accident, similar to the hypnotic state.

Considering all the symptoms of the nervous system in railway spine, we are sure to find the picture of the disease composed of psychical and neurotic symptoms, based on a material change in the central nervous system. We do not meet clear cut cases of mental alienation, a pure melancholia, hypochondriasis, a simple dementia, nor a pure neurosis as epilepsy, neurasthenia, hysteria, a consequence of the accident, but the symptoms belong to both, and we get a picture differing from the usual type; though a local lesion of the spinal cord may sometimes be the starting point of the disease (reflex neurosis).

Exceptionally we meet cases whose symptoms are unusual in neuroses, or which decidedly contradict the supposition of a purely functional nervous disorder, as the grave vesical disturbances, the reflex immobility of the pupils, and especially the atrophy of the optic nerve, and we are forced to assume that in a small minority of cases progressive material changes in the nervous central organs must have happened, and disseminated sclerosis even has been several times observed in consequence of frights and mental concussion. In relation to prognosis *quoad sanationem*, an unfavorable opinion must be given; especially where the antecedents show a nervous predisposition.

Finally, we ought to mention that the same morbid states, as ob-

served after railway accidents, are also seen after other accidents and concussions (especially among workmen and manufactories), and who are sent to the hospital to have their wounds attended to.

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## Correspondence.

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### "PURE HOMŒOPATHY VERSUS CRUDE DOSING."

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY :

In the HAHNEMANNIAN MONTHLY for February, page 110, appears a communication in which "C" gives vent to his vexation in having made a wrong guess.

"C" states that the announcement that a paper, "Pure Homœopathy versus Crude Dosing," was to be presented at the January meeting of the County Medical Society led him to be present. "C" *guessed* the subject would be handled in a certain way, and in accordance with his *guess* he went to hear it. Finding the subject treated differently from his *guess*, he declares that "the paper was not worth the foolscap upon which it was written, nor the time consumed in its reading." Poor "C"! To avoid future disappointment he would better inform every author of a promised paper just how he wishes him to treat his subject.

But in regard to the paper in question. I was particularly asked by the gentlemen whose duty it was to procure essays, to prepare a short paper for that special meeting, on any subject I chose—preferably to tell something of my experience in the practice of Homœopathy. I therefore wrote, stating the general results of the treatment I had observed "in the practice of others" as well as in my own. By the "others" I meant Drs. Hering, Dunham, Lippe, H. N. Guernsey, and their confreres. I was intimately acquainted with the physicians mentioned, and I well knew the wonderful success they achieved. Cases treated by them, and by physicians of their ilk, were and are far more promptly cured, and were and are far less frequently attended by *sequelæ*, than by any other mode of treatment I ever observed. I considered and do consider it useful and proper for a physician, after nearly twenty years experience, to state in private and public the result of his observations, just as I did in my paper last January. "C" complains that I did not mention a single "illustrative case." Cannot a merchant state the general results of his observation and experience in selling goods, without giving a detailed account of each



particular sale, including its profit or loss? Cannot a clergyman state in general terms the results of his preaching, and how far it has seemed successful, without rehearsing each sermon, or giving the particular "experience," together with the name and address of each convert?

The limited time of the Society meeting would not have allowed the presentation of more than a few "illustrative" cases at best, and a few cases prove nothing. While writing my paper I had in mind the thousands and tens of thousands cases which have been treated by such men as Hering, Dunham, H. N. Guernsey, Lippe, P. P. Wells, Wm. E. Paine, C. G. Raue, and C. C. Smith, and I told what the results were as I learned them. It is just such results that every true Homœopathic physician should strive to obtain. Nor did I fail to state the method by which such ends were, and ever may be, gained. I said we must treat our patients "in a strictly Homœopathic manner; giving *a.* the most similar remedy; *b.* only one remedy at a time; *c.* the minimum dose."

"C" "has no faith in his own ability to cure by the extremely high dilutions; . . . he would not want to rely upon a diluted medicine to any extent in a case, for instance, of severe pain from the passage of a gall stone or a renal calculus." I want to assure "C" right here that if he will carefully prescribe the similimum for his next case of gall stone, he will be delighted to see how promptly and efficiently a high dilution will remove the pain. I have treated patients during the passage of gall stones and have afforded them full and prompt relief by a dynamized drug; and I have known the same thing to be done by others. I have wholly controlled the terrible pains of cancer even, by high potencies, one case of which I reported in *The Medical Advance*, some months ago. I have no intention of entering into a lengthy controversy with "C," but I do claim that for every physician, myself included, it is right and helpful to state in brief, the general results of our observations whether occurring in our own practice or in the practices of others.

"C" concludes by asking "What is true Homœopathy? And where is the book that teaches it? Has nothing been learned since Hahnemann died?" My answer is this: True Homœopathy is prescribing for the sick according to the law of the similars; and the book that teaches in detail how to do this is HAHNEMANN'S ORGANON! In a certain sense nothing has been learned of Homœopathy, since Hahnemann died. He gave us the principles upon which Homœopathy rests and must forever rest, and he gave us the rules for applying these principles. His "*Chronic Diseases*" still further aids us in

the study of Homœopathy. We have increased largely in our knowledge of *Materia Medica*; we have greatly added to our list of drugs, since his time, and by our practice and experience, we have developed some of his rules and principles and have thus come to a better understanding of them.

But the *Science* of Homœopathy, *per se*, pure and simple, remains as he gave it to us.

In conclusion, let me refer "C" to the following paragraph of Hahnemann's *Organon*. We frequently hear it said, "Homœopathy consists solely in prescribing according to the law of the similars; the dose, whether large or small, has nothing to do with it." Hahnemann teaches very differently. §275. "The suitableness of a medicine to any given case of disease *does not depend\* solely* upon the circumstance of its being perfectly homœopathic, *but also upon the minute quantity of the dose\** in which it is administered. \* \* \* \* §276 "Even a homœopathic medicine is always injurious when given in too large a dose, *and hurtful to the patient in proportion to the extent of the quantity administered*. But the increase of the dose itself is also prejudicial in the same degree as the remedy is more homœopathic." \* \* \* \* §277. \* \* \* \* because a remedy administered in a dose sufficiently small is so much more efficacious, nay, almost wonderfully so, in proportion as it has been homœopathically selected, in the same manner, a medicine whose peculiar symptoms correspond perfectly with those of the disease ought to be salutary in proportion as the dose approaches nearer to *the appropriate minuteness\** to which it should be reduced to effect a gentle cure."

J. C. GUERNSEY.

#### EDITOR OF THE HAHNEMANNIAN MONTHLY:

In the last number of your valuable journal appears a paper signed "C," containing points which I think should not remain unanswered.

I impose upon myself this unpleasant task and commence by saying that I have not the least intention to enter into a discussion about the relative value of the low and high potencies, but that I highly condemn crude dosage and the alternate administration of remedies.

I do accord honesty of purpose to both high and low dilutionists. I know good cures have been effected by low remedies. I know, too, that the most wonderful results have been obtained by the high potencies. But I cannot admit Hughes' Pharmacodynamics to be a work

\*Italics my own.—J. C. G.



of any practical value to any one desiring to study homœopathy. It is a book written in elegant, forcible English, well adapted to inveigle or induce our old-school friends to look into the subject, but wanting those finer shades of drug phenomena which time and again have made us masters of the situation. It contains information well to know, but I pity the homœopathist who goes to the sick chamber provided only with the limited knowledge of symptomatology which can be obtained from this work. Take for instance the case of erysipelas reported by Dr. O. S. Haines in the February number of the HAHNEMANNIAN MONTHLY. Could Dr. Korndœrfer have suggested *cantharis* as the remedy, had he not studied other books than Hughes' Pharmacodynamics?

Dr. "C.," at the end of his paper, puts the three following questions: What is true homœopathy? Where is the book that teaches it? Has nothing been learned since Hahnemann died? I shall endeavor to answer them.

1. By true homœopathy I understand the selection and application of the *similimum*, single or alone, to any particular case of disease calling for it, in any dose below the scale of disturbing action, that is, in a dose incapable of aggravating the symptoms it intends to cure; and all this without resorting to palliative or adjuvants which in any way may interfere with the curative action of the indicated drug. But we must bear in mind that in order to select the proper remedy, or *similimum*, we require more than a thorough knowledge of symptomatology. We must know the manner in which drugs or disease-forces produce the peculiar trains of symptoms by which they are distinguished; we must be acquainted with the characteristics and comparative therapeutic value of drugs; we must know something about their relationship, as *concordants*, *discordants*, *complementaries*, *inimicals* or *antidotes*. Only provided with such a knowledge can we become accurate prescribers. (See my article on Routinism, HAH. MONTH., Feb., 1883, page 91.) Cures by drugs are often reported and honestly admitted which are due to the "*vis medicatrix naturæ*" and the application of hygienic measures, but when neither of these important factors can come to our assistance we must entirely depend on our knowledge of *materia medica*, and if this is limited our chances are poor. And again we must not condemn remedies and doses which, properly applied, would undoubtedly produce the desired result.

A distinguished professor, not long ago, asserted that if eighty per cent. of the cases to treat were not, through the unaided process of nature, destined to get well, physicians of all schools would be more

careful and studious in acquiring the necessary knowledge to contend with disease. In other words, practitioners at the start have eighty per cent. in their favor, which accounts for the undue credit often given men lacking the necessary knowledge.

2. We have more than one book which *does* teach true homœopathy, that is, from which the necessary knowledge to be true homeopathsists can be obtained. For instance:

The Materia Medica Pura of Hahnemann.

Hering's Condensed Materia Medica.

Cowperthwait's Text Book of Materia Medica.

The Guiding Symptoms of Hering.

Lectures on Materia Medica by Dunham.

Clinical Materia Medica by Farrington.

These are I think, the works especially suited to the inquiring and earnest students of our fundamental branch. And I say fundamental because materia medica is the branch which makes us homœopathsists. Of course homeopathy is a new system of therapeutics, which relates only to the administration of remedies to each individual case, and which detracts nothing from the value of the other branches of medicine. It is simply a modern development of the art of cure, based upon a law which governs the application of remedies. If a well indicated remedy is given in a low dilution unsuccessfully, our duty is to go higher without prejudice of any kind. We must try a thing before we can condemn it. This is not an individual opinion or assertion, but facts well sustained by experience.

3. If in this question the Doctor refers to materia medica, I will tell him the progress we have made in this direction. We have made valuable additions to our materia medica; we have verified thousands of symptoms which thus have become important, and even characteristic; we have made the study of the branch easier, and more practical by means of comparisons, repertories, systematic outlines, etc. But while we have learned all this, we have not forgotten the precepts of the teacher. In fact we could not have forgotten them without falling into routinism, or becoming eclectic.

All preconceived ideas, prejudices, and habits of thought and education will not stop the progressive march of homœopathy. We may have deserters and apostates, but the *law of similars* and the *minimum single dose* will remain always the true lights that will lead all practitioners to the road of perfection, and finally do away forever with the irrational system of polypharmacy.

In honor to truth I could not finish this paper without stating that



high dilutionists have been the men who have produced the only valuable works we possess to study and learn that fundamental branch which makes us homœopathists.

E. FORNIAS.

Philadelphia, March 15th, 1888.

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#### THE AMERICAN INSTITUTE SESSION—PRELIMINARY NOTICE.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

The American Institute of Homœopathy will convene in its forty-first session and celebrate its forty-fourth anniversary, at the International Hotel, Niagara Falls, New York, commencing Monday evening, June 25, and closing Friday noon, June 29. The local Committee of Arrangements has secured suitable rooms for the general and sectional meetings, as well as for committees, etc. The capacity and accommodations of the hotel are ample for all members and other physicians and their friends who may be in attendance. The Committee on Railroad Fares expect to secure reduced rates over all the Trunk lines and branches. Full particulars of hotel and railroad rates will be announced hereafter.

Among the many general subjects to be considered during the session, will be mentioned the following: "Results from Homœopathic Medication," "Provings and Verifications of Provings of Zincum Met. and its Salts," "Indication for Zincum in Nervous and Uterine Diseases," "Surgery of the Intestinal Tract," "Operation upon the Gall bladder," "Accidental Complications of Gestation," "Uterine Therapeutics," "Nervous Diseases of Infancy and Early Life," "Acute Inflammations of the Eye, Ear and Throat and their Consequences," "Influence of External Agents in Causing Disease," "The relation of Nutrition to Nervous and Mental Disorders."

Reports of great interest will be presented upon the subjects of "Statistics of Homœopathy," "Pharmacy," "Drug Provings," "Medical Education," "Medical Legislation," "Medical Literature," "Colleges," etc.

Any member of the Institute engaged in the preparation of a paper, and who has not already reported its title to the appropriate bureau chairman, should do so at once. Papers should be completed at the earliest possible day, and those likely to consume more than fifteen minutes in reading should be accompanied by an abstract.—See Ar-

ticle VII, Section 11 of the By-laws: also see resolution adopted July 1, 1887, *Transactions*, p. 848.

It is very desirable that all requests for statistical and other information, sent out by Dr. T. F. Smith, of New York, Chairman of the Bureau of Organization, Registration and Statistics, should be responded to *without the usual delay*—a delay that always makes it difficult for him to complete his report in time for presentation to the Institute.

Any physician having special knowledge of the life, labors and character of any Institute member, who has died during the year beginning July 1st, 1887, will confer a favor by communicating with Dr. Henry D. Paine, the Necrologist, No. 134 Madison Avenue, New York.

Each State or Inter-State society is entitled to be represented at the session by two delegates and one additional delegate for every twenty members; each county or local society by one delegate; each hospital, asylum, dispensary and journal, one delegate; each college, two delegates, to constitute the Inter-Collegiate Committee of the Institute. It is not necessary that delegates be members of the Institute, but they are entitled to all the privileges of membership except voting and eligibility to office.

The "sectional" plan of scientific work, inaugurated last year, proved a step in the right direction, and the committee having the matter in charge are working earnestly to improve and perfect it. Under the operation of the new method last year, while the aggregate text of the essays was diminished, the amount of "discussion" was increased about sixty per cent., requiring for its publication ninety-four closely printed pages of the *Transactions*. The quality also of the discussion was of a higher order than heretofore. Under the improvements likely to be instituted this year it is reasonable to anticipate a session, successful, in some respects, beyond all precedent.

It is suggested that in those states and localities in which the institute membership is small, the officers of the state and local societies should provide for a canvass of their respective districts for the purpose of increasing their representation in the national society, especially should the "active members" of local societies be induced to identify themselves with the Institute and its work. The terms of membership are: Initiation fee, \$2.00; annual dues, \$5.00. Blank applications for membership may be obtained by addressing the undersigned.

The general secretary's circular, including the entire programme,



will be issued some three weeks prior to the session. Full details will be furnished to all the homœopathic journals in time for publication in their June issues.

PEMBERTON DUDLEY, M. D., General Secretary,  
S. W. cor. Fifteenth and Master streets, Philadelphia, Pa.

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### Abstracts.

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SPINAL PARALYSIS ; *Arg. nit.*—Cured.—J. H., æt. 46, married, was admitted into the London Homœopathic Hospital on September 29, 1887, under the care of Dr. Clarke. She states that she enjoyed good health until her last pregnancy. During the last three months of this pregnancy the legs swelled very much, and were very painful. She was unable to walk, and for some weeks before the legs became swollen she was unable to walk up stairs. She was confined thirteen weeks ago. After her confinement she was able to walk about, and continued to do so until five weeks ago, when the legs became very painful, and she gradually lost power in them and was unable to stand. She at this time had pain in the sacrum and coccyx. She also complained of the arms and hands being painful, and of having a tingling sensation in them like "pins and needles."

On admission her temperature was normal ; organs healthy ; in the urine there was a trace of albumen. The legs were markedly hyperæsthetic. There was no swelling of the joints. There was no ankle clonus, and the patellar tendon reflex was normal. There was slight wasting of the muscles of the legs. She was quite unable to stand. The arms were painful and the fingers stiff, so that she was unable to feed herself. No paralysis of the sphincters. She was put upon *argent. nit.*<sup>3</sup> *gtt. iij. t. d.*, and massage applied to the legs and arms.

On October the 5th she was able to sit up much better than on admission, and could move the legs and fingers more freely. She still complained of pain in the lumbar region of the spine. The pulse was exceedingly small, and only sixty to the minute.

She gradually improved until the 26th when she could stand with a little help. On November 12th she could get out of bed alone, and on December 3rd was discharged, being able to walk perfectly.

NOTE BY DR. CLARKE:—I have seen this patient quite recently, and she declares herself much better than she has been for eighteen months. She walks without difficulty, and is able to do all her work.

I consider the paralysis to have been due to a congestive condition of the spinal cord. The improvement in the paralysis and in the joints was speedily noticed under the argent. nit. before the massage was given. She had no other medicine.

FACIAL ERYSIPELAS.—*China*.—Cured.—H. H., aet. 22 years, a children's nurse, was admitted to the London Homœopathic Hospital on December 14th, 1887, under the care of Dr. Clarke. She states that she was in very good health until the evening of the 11th inst., when her throat felt dry and sore. When she awoke on the morning of the 12th the nose was painful, swollen, and there was difficulty in breathing through it. The left side of the face was also swollen. Dr. Neatby, who saw her before admission, states that her temperature on the evening of the 12th was  $104^{\circ}$ , on the morning of the 13th  $99.4^{\circ}$ , and on the evening of this day  $103.8^{\circ}$ .

On admission, the nose and left side of face were much swollen, of a glazed and dusky-red appearance. The erysipelas extended to the back of the neck behind, and about half-way down the neck in front. The right side of the face was also swollen, though not to the same extent as the left. She had headache and photophobia and could not breathe through the nose. The throat was injected and of a dusky-red appearance.

Previous History.—She had a similar illness to the present at the age of ten. No other serious illness.

On the evening of the 15th the temperature was  $103^{\circ}$ .

16th.—Morning temperature,  $99.6^{\circ}$ ; pulse, 100 full; face not so painful; right side less swollen; nose still swollen and unable to breathe through it; tongue clean. Evening temperature,  $101^{\circ}$ .

17th.—Morning temperature,  $97.8^{\circ}$ ; pulse 88. As the temperature and pulse show, she was rapidly improving. The erysipelas was not spreading. The right side of face was normal, and left side less swollen. The skin on face was desquamating, and the dusky redness had almost disappeared. The throat was quite well and she could breathe through the nose, showing the swelling had subsided here. Evening temperature, normal.

18th.—Morning temperature, normal; face very much better. Evening temperature, normal; pulse, 68 and full.

19th.—Temperature has remained normal; pulse, 68; swelling quite subsided. She is practically well.

Treatment.—She was put on *China  $\Phi$* , *gtt. v.* every two hours. The face was dusted with starch powder; and light diet (milk and beef-tea) given. This treatment was continued throughout.



NOTE BY DR. CLARKE:—This case, like the former, was treated throughout with one medicine. *China* is strikingly homœopathic to erysipelas in many of its forms. The hint of the dosage I took from Dr. Jousset. He gives it in the mother tincture in half-drachm doses at some hours' interval. I have given the mother tincture in five-drop doses at more frequent intervals. I rarely give any other medicine in acute cases, and have never had so much success with other drugs. *Homeopathic World*, March, 1888.

VERIFICATIONS.—Discharge from right ear; spasms, with stupor; vomiting of milk. *Aethusa*.

Impotency, following suppressed gonorrhœa. *Agnus*.

She hawks out large, green crusts that have formed in posterior nares; constipation, with no desire for stool for many days, and then large, knotty evacuation, difficult to accomplish. *Alumen*.

Intolerable itching of whole body after getting warm in bed; scratches until skin bleeds, which is then painful; with chronic constipation, soft stools, expelled after great straining. *Alumina*.

Cold needles pricking all over the body; jerking of muscles; pain in back of neck; burning toes, like chilblains, every evening. *Agaricus*.

Congestion of head; red face and spasmodic cough when reading aloud, talking or listening to music. *Ambra*.

Protruding, painful hemorrhoids; no comfort except when lying on the back. *Amm. c.*

Dyspnoea; constriction of throat and heart; driven by actual fright to the window for fresh air; congestion of head and face; asthmatic breathing. *Amyl n.*

Skin itches all over; skin rough and dry; tickling and itching in left ear; nose stopped up, sneezing, copious watery flow from nose; cutting in eyes and malar bones. *Anagallis arvensis*.

Syphilitic ulcers in throat and corners of mouth; burning in the throat; tongue inflamed and swollen; sharp pains in teeth and jaws; submaxillary glands swollen; had been mercurialized, and the tongue was indented by the teeth. *Anantherum mur.*

Recurrent attacks of agonizing burning pain in small intestines. *Ant-ars.*

Cutting pain from stomach to back, as if transfixed, coming on in the night, preventing the slightest motion, gradually increasing in intensity till she thinks she must die. *Cuprum*.

Prolapsus; she feels that the uterus will escape; the greater the bearing down the greater the pain in the left ovary; the pain extends

to back and down the left thigh; ichorous yellow, thick, exco-riating leucorrhœa; menses copious; tall, slim, scrawny woman.  
*Argent-mer.*

Anxiety in stomach from distension with gas, seems as though stomach would burst; gnawing hunger and nausea; sensation of a plug pressing on top of head (observed under *arg. m.*); anxiety that drives him to long walks, wants the cool open air, wants the cold wind blowing in his face. *Arg. nit.*—Prof. J. T. Kent, M. D., in the *Clinical Reporter*.

COUNT TOLSTOI ON RUSSIAN PHYSICIANS—This distinguished statesman, novelist and moralist thus expresses himself about physicians as he sees them: "His fancied science is all so arranged, that he only knows how to heal those persons who do nothing. He requires an incalculable quantity of expensive preparations, instruments, drugs and hygienic apparatus.

"He has studied with celebrities in the capitals, who only retain patients who can be cured in the hospital, and who, in the course of their cure, can purchase the appliances requisite for healing, and even go at once from the north to the south, to some baths or other. Science is of such a nature, that every rural physician laments because there are no means of curing working-men, because he is so poor that he has not the means to place the sick man in the proper hygienic conditions; and at the same time this physician complains that there are no hospitals and that he cannot get through with his work, that he needs assistants, more doctors and practitioners. What is the inference? This: that the people's principal lack, from which diseases, arise and spread abroad, and refuse to be healed, is the lack of means of subsistence. And here science, under the banner of the division of labor, summons her warriors to the aid of the people. Science is entirely arranged for the wealthy classes, and it has adopted for its task the healing of the people who can obtain everything for themselves; and it attempts to heal those who possess no superfluity, by the same means. But there are no means, and therefore it is necessary to take them from the people who are ailing, and pest-stricken, and who cannot recover for the lack of means. And now the defenders of medicine for the people say this matter has been, as yet, but little developed. Evidently it has been but little developed, because if (which God forbid) it had been developed, and that through oppressing the people, instead of two doctors, midwives and practitioners in a district, twenty would have settled down, since they desire this, and half the people would have died through the difficulty



of supporting the medical staff, and soon there would have been no one to heal.

"Scientific co-operation with the people, of which the defenders of science talk, must be something quite different. And as this co-operation which should exist has not yet begun, it will begin when the man of science, technologist or physician, will not consider it legal to take from the people—I will not say a hundred thousand, but even a modest ten thousand, or five hundred rubles for assisting them; but when he will live among the toiling people, under the same conditions and exactly as they do, then he will be able to apply his knowledge to the questions of mechanics, technics, hygiene, and the healing of the laboring people. But now science, supporting itself at the expense of the working people, has entirely forgotten the conditions of life among those people, ignores (as it puts it) these conditions, and takes very grave offense because its fancied knowledge finds no adherents among the people. The domain of medicine, like the domain of technical science, still lies untouched. All questions as to how the time of labor is best divided, what is the best method of nourishment, with what, in what shape, and when, it is best to clothe one's-self, to shoe one's-self, to counteract dampness and cold, how best to wash one's-self, to feed the children, to swaddle them, and so on, in just those conditions in which the working-people find themselves—all these questions have not yet been propounded.

"The same is the case with the activity of the teachers of science—pedagogical teachers. Exactly in the same manner science has so arranged this matter that only wealthy people are able to study science, and teachers, like technologists and physicians, cling to money."

**ALOPECIA AREATA NEUROTICA.**—Schultz reports the case of a boy whose scalp was injured by the scissors of a barber, in the region of the *nervus occipitalis magnus*, which left a three-cornered irregular bald spot, surrounded by normal hair. We deal here with a peripheric trauma, producing an alteration of trophic nerve-fibrillæ and hence an alopecia neurotica. A girl of eleven years received an injury on her occiput when two years old. The wound healed quickly, but after a month she suffered with dull pains there, followed by a bald spot in the region of the wound which gradually increased. The parasitic origin of the disease has never been proved as none of the micro-organisms, detected in this affection, are pathogenetic to the disease. —*Monatschr. f. Pract. Dermatol.*, 7, 1887.

## Editorial.

### VALEDICTORY.

The undersigned begs leave to announce that he has transferred to Dr. Wm. B. Van Lennep, of Philadelphia, all his right, title and interest in the *HAHNEMANNIAN MONTHLY*. Dr. Van Lennep will have the settlement of all accounts of the journal for the period beginning January 1st, 1888.

In the business and editorial management, Dr. Van Lennep has associated with himself, Dr. Clarence Bartlett, of Philadelphia. Whatever we may expect from energy and ability, we may confidently anticipate for the future of *THE HAHNEMANNIAN* in its management by these gentlemen. Dr. Van Lennep ranks among our most able and progressive surgeons, with the advantages of a liberal education and a broad personal acquaintance with the prominent medical men and institutions of two continents. Dr. Bartlett has made for himself a record as a tireless literary worker as the editor of the last three volumes of the Pennsylvania State Society's *Transactions*, and as the editor of Farrington's *Clinical Materia Medica*. For a period of four years he has been actively assisting in the editorial work of the journal over whose pages he now assumes so large a measure of direction and control. There is every reason for the belief that the journal will continue its career of usefulness, and it is earnestly commended to the continued favor of its old time contributors and subscribers.

The reasons which prompted the transfer of the journal to other hands were considered imperative and pressing. They involved questions of personal health and private business, and a

constantly growing fear lest the exacting duties of journalism might interfere with my work as secretary of the American Institute of Homœopathy. It was this latter consideration, more than any other, which finally determined the question of a change. I am thus left free for the important work of the next few months, as well as for carrying forward some other literary labor, begun years ago and temporarily laid aside for want of time.

I lay down the journalistic pen with mingled rejoicing and regret, such as can be fully understood, perhaps, only by my brother journalists. To the physician ambitious to be useful, journalism is a realm of magnificent opportunities; particularly to the earnest homœopathist, who delights—as I do—in combatting the arrogance, the prejudices, and the absurdities of allopathy. Hereafter, alas! I must forego this pleasure, yet glad to leave it to other equally able and willing hands, and glad—so glad—to escape from the ceaseless and exacting toils of the editorial office and enjoy a sense of rest to which I have been a stranger for eight long years.

To the editorial brethren on both sides of the ocean, with whom my relations have been so pleasant and enjoyable, I leave the heartfelt hope for lightened labor—if that is possible—and increasing results and rewards with each succeeding year.

PEMBERTON DUDLEY.

### LOCAL MASSAGE AS A THERAPEUTIC AGENT.

For a number of years past, massage has been gaining in professional favor as a valuable adjunct in the treatment



of disease. Within a short time, there have appeared in our medical journals, two very interesting articles bearing on this subject, and especially interesting because they deal with methods of practising massage, not sufficiently appreciated. We would first like to speak of Dr. Robert Cooper's paper on "Auto-massage in the Treatment of Ear Diseases," which was published in the *Monthly Homœopathic Review* for February, 1888. The results he obtains from his application of massage are such as to merit the attention of all having to do with the treatment of diseases of the ear. The procedure which he denominates auto-massage is moreover simple in practice, this simplicity in itself being one of the advantages to recommend it.

From a study of ear diseases pursued over a long period of time, Dr. Cooper has arrived at the conclusion that in many cases of deafness irritation existed upon the coats of the blood-vessels leading to the ear. The correction of this condition he regards a main object of treatment. He further says that we can more effectually act on the middle and internal ear by external stimulation, by the application of irritants to the anterior inferior anatomical triangles of the neck than to the mastoid region. The bruits heard in the cervical blood-vessels and commonly believed to be functional murmurs, he claims are indicative of a lingering irritation of the coats of the blood vessels. Working upon these principles, Dr. Cooper made search for an agent that would affect the surrounding circulation of the ear. Iodine, acupuncture, ammonia, and the *percuteur* were each tried with temporary result only. While pursuing these investigations, there came to him for treatment an old gentleman who had cured himself of hay-asthma by manipulation of the *alæ nasi*, by pressing the tips of the index fingers

against the sides of the nose. From this Dr. Cooper argued that the aural mucous membrane could be acted upon by superficial manipulation performed by the patient himself. These manipulations consisted in the rolling with the fingers, of the skin of the forehead, of the post-aural region, the sides and back of the neck, the carotid canals and the supra-clavicular spaces. Patients assured him, that these manipulations relieved headache, noises in the ears and throat symptoms. In one case, however, the movement of the skin above the clavicles, temporarily aggravated the tinnitus; in others, it greatly relieved this distressing symptom. While thus investigating the subject his attention was directed to a paper by Hommel, of Zurich, and entitled, "*Die Tragus-Pressé ein Neues Ohr Heilverfahren.*" The method herein advocated by Hommel consists in simply shutting and opening the meatus externus by pressing the tragus against the opposite wall of the meatus. This should be done four or five times a day, during one or one-and-a-half minutes at the rate of 100 or 120 shuttings and openings of the canal per minute. By this simple method, he has been enabled to cure many cases of hardness of hearing. The special cases in which the method seemed indicated are those in which the mucous membrane of the middle ear is swollen and congested, in vascular deafness where stiffening of the structures is not pronounced. This "Tragus-pressé," as recommended by Hommel, Dr. Cooper adopts as part of the movements required in the treatment of certain cases of aural disease. This cannot be applicable in all cases. A principle that Dr. Cooper adopts in his treatment is this: The application of the sufferer's hands to any part of the body that is the seat of inflammation increases the inflammatory tendency, and that for good to be obtained

in inflammatory cases, the movement must be made upon a part that leaves the irritated surface undisturbed. He therefore concludes that "tragus-*presse*" is inappropriate in cases where the meatus is the seat of inflammatory tendency. The essay closes with some remarks on massage and the methods of drying the body after baths. In the discussion that followed, Dr. Blake reported having employed massage with weak mercuric oleate in an old case of osteo-arthritic deafness. The ossicles were probably ankylotic and the meatus greatly narrowed. Improvement set in within a week. It is a pity that the oleate of mercury was thus used, for while it is not likely that it could have been of any use in the case, still its use complicated the treatment. Dr. Jagielski also reported favorable results from massage in several cases of deafness.

In the *Journal of the American Medical Association* for January 7, Dr. Douglass Graham calls attention to the value of local massage for local neurasthenia. He considers massage of the head alone daily or every other day, better than applying it all over the patient except in the case of patients who cannot tolerate manipulation of the head. To illustrate the value of local massage, Dr. Graham reports seven typical cases in which he made use of this therapeutic measure. The first four of these were cases of cerebral exhaustion brought on by overwork. Massage of the head effected a good cure in all. The fifth case was one of neurasthenia with marked tenderness along the spinal column and caused by a fall. At first local manipulation was uncomfortable because of the tenderness of the parts, but after eighteen days (six massages were performed in this time) he was practically as well as ever, although he had been ailing for nearly five or six years. The sixth case was an elderly woman

weighing 213 pounds who had been suffering for three years from a continual distressing feeling of weakness in the right leg and thigh. The leg appeared normal in every respect. A walk of a square was as far as the patient could go with comfort. Potatoes, sugar and butter were proscribed and judicious exercise recommended. Massage of the leg was practiced three times weekly. At the end of two weeks, she could walk a half-mile without fatigue and in four weeks she was cured. The last case was one evidently of hysterical knee-joint, although it is not so styled by the author. She had been ailing five years. Massage applied thrice weekly for eleven and a half weeks cured her. Owing to certain cardiac and abdominal symptoms, these regions as well as the affected limb were manipulated.

In closing his paper, Dr. Graham remarks that it may be objected to these cures that the patients were not very sick. He properly answers that they were all of a class that severely taxes the patience and skill of the physician and that any remedy that can be relied upon to act as in these cases should not be ignored.

## Notes and Comments.

Bartholow highly recommends pilocarpine as a remedy for alopecia.

Solutions of corrosive sublimate for antiseptic purposes may be rendered more stable by the addition of a small quantity of chloride of sodium.

Kairine once so highly vaunted as an antipyretic has had its fall. The drug firm originally pushing this product conscientiously refuses all orders for it.

Dr. Wm. Owens, of Cincinnati, read a very interesting paper on House Drainage and Sewage at the fifth annual session of the Ohio State Sanitary Association.



Dr. Wm. Boericke has resigned the chair of *materia medica* in the San Francisco College. He has been succeeded by Drs. Ledyard and Lilienthal, Jr.

A Russian physician has been banished for sending a woman away from the Information office insufficiently clad in cold weather without giving her assistance.

A new surgical journal has made its appearance. It is the *International Journal of Surgery and Antiseptics*. The editor is Dr. Milton Josiah Roberts, well-known as an orthopædic surgeon.

Dr. Thos. A. Emmett advises that uterine displacements never be corrected simply on their own account without ascertaining the cause, and that pessaries be not employed without a proper idea as to the object to be attained by their use.

To cure deformities in thirty minutes, and cancers, piles, Bright's disease, and phthisis, in all cases, was the modest claims made by an advertising Illinois doctor, who, by the way, styles himself the most eminent physician and surgeon in the West.

"Recently I counted on the mantel of a patient, seven four-ounce, two six-ounce, and three two-ounce bottles, with three boxes of powders, all of which had been procured in seven days for a child four months old."—*Scudder's Specific Medication*.

A French army surgeon has recommended that certain men from the mountain regions of France, and who were exempted from service on account of goitre, should be compelled to enlist and stationed in a more healthy portion of the country. In this way he hopes to cure the disease.

WHAT a disease producing factor, "official bulletins" have become! During Gen. Grant's illness it was no uncommon experience to meet with patients living in dread of cancer of the tongue. Now the epidemic of laryngeal cancer has appeared among those predisposed to hypochondriasis.

A PROMINENT old-school physician takes the ground that the ailment of Emperor Frederick has been produced

by the severe treatment to which he has been subjected. It is on record that electric cauterisations were applied daily by one of his physicians prior to Morrell Mackenzie assuming charge of the case.

There has much been said against the use of baking powders containing alum. It would seem, however, that when mixed with the flour the alum exists in such a small proportion as to render it innocuous. Certainly, alum baking powders can be no more objectionable than the very prevalent custom of clarifying muddy water for drinking and cooking purposes with alum.

An allopathic journal heads an editorial "Treat the Patient," and begins it thus: "The experimentalist frequently bothers himself so much about a disease that in his heroic efforts to combat it, he lets his patient die. His treatment often resembles the wonderful presence of mind of the Hibernian, who, when he had accidentally swallowed a potato-bug, at once sent after it a liberal dose of Paris green."

The treatment of the umbilical cord advocated by Dr. Theophilus Parvin is as follows: After tying the cord, press the Wharton's jelly out by stripping the cord commencing at the umbilicus; this necessitates the removal of the ligature and subsequent reapplication. Sprinkle some iodoform upon the end and envelope in a small piece of cotton; the end comes away sooner, and without offensive odor of the decomposing part.

AN eminent man with a severe illness has but little chance of recovery if attended by eminent allopaths. The latter are enthusiastic if nothing else. They have more confidence in those therapeutic methods they know least about (with the exception of homœopathy). Their enthusiasm thus leads them to indiscriminate trials of the new and hypothetical; ere long they and the patient's disease and the bulletin reading public are sadly mixed.

Dr. Geo. E. Fell, one of the Commission appointed by the Governor of New York to investigate and report on the most humane and practical method of carrying into effect the death sentences, has made a number of experiments to determine the efficiency of electricity

for this purpose. He concludes that death produced by a sufficiently powerful electric current, is the most rapid and humane of that produced by any agent at our command, and that resuscitation after the passage of such a current through the body and functional centres of the brain is impossible.

## Gleanings.

### Isolation of School Children Suffering from Contagious Diseases.

Oliver, in *Gazette Heb.* of December 30th, advises that children suffering from variola, scarlatina and diphtheria be isolated for forty days; those suffering from varicella and measles for twenty-five days. He advises two full baths with soap for each convalescent, and the thorough disinfection of clothes and rooms; children should not be admitted to schools without clean health records, signed by physicians.—*Med. News.*

### Resorcin in Cancer.

The *British Medical Journal*, states that resorcin has been used with excellent results in the treatment of cancerous growths on the face, in the form of an ointment containing equal quantities of resorcin and vaseline. This mixture is applied first; an ointment containing 20 parts of resorcin to 30 parts of vaseline is then applied. The ointment forms eschars on the surface of the growth. These eschars fall off, when pure or iodoform vaseline is applied; fleshy granulations subsequently appear, and healthy cicatrization rapidly follows.—*Med. News.*

### Antiseptic Action of Biniodide of Mercury and Potassium Iodide.

Krassowski, of St. Petersburg, reports a series of eleven laparotomies in which he used as an antiseptic, equal parts of biniodide of mercury and potassium iodide in solution. Two deaths occurred, from causes not connected with the operation; in each case post-mortem examination showed union of the wound by first intention, and absence of septic inflammation. The mercurial was first used in a strength of 1 to 1000, which was progressively diminished to 1 to 4000.

Krassowski concludes that a solution of 1 to 4000 is an efficient antiseptic,

and that this substance is less irritant than the bichloride, and can be applied to the integument in five per cent. solution, without producing irritation.—*Gazette de Gynecologie.—Med. News.*

### Clean Hands.

At the present day the medical idea of cleanliness is freedom from germs. The difficulty of realizing such a state lies in the carelessness engendered by superficial observation, which leads one to look on infection by the hand as very rare, and in the too minute requirements of those who desire to achieve the impossible. The subject of bacterioscopically clean hands has been carefully considered by Kummell, Gartner, and Forster, but the latest and most complete, as well as the most practical contribution is by Fürbringer. Fürbringer was guided in his researches by a knowledge of the fact that the "subungual space," or that included between the free end of the nail and the finger bulb, is the most difficult part of the hand to clean. Even when incapable of infecting the usual artificial culture-media, this space can harbor germs which in the warm fluids of wound surfaces, or the peritoneal cavity may, in the act of operating or touching, be washed out. He therefore endeavored to ascertain how to sterilize perfectly the subungual space. Experiments showed that the disinfecting action of carbolic acid, or sublimate solution did not depend on the strength of the liquid alone, but that the most essential thing of all was a preparation of the skin and the nail. Actual contact of the germicide with the skin does not take place when the latter is dry, and as the result of many experiments Fürbringer added alcohol to the toilet of the hands. His whole method, which is said to give almost ideal results, is as follows: 1. The nails are mechanically cleaned of all visible dirt. 2. The hands, especially the nails, are scrubbed with warm soap and water, by means of the brush. 3. The hands are immersed for one minute in alcohol (at least 80 per cent.), and while still wet; 4. plunged into 2 per cent. bichloride, or 3 per cent. carbolic acid solution, and kept in it one minute.

The advantages of this method are: security of disinfection, sparing of the hands, and economy with use of sublimate, which Fürbringer prefers to



carbolic acid. The amount and form of the bichloride solution were matters of careful and exact experiments. We may add that this method is now used in von Bergmann's clinic, already famous for its admirable antiseptics.—*Med. News.*

#### A Handy Cure For Hiccough.

There may be some occult connection between hiccough and the auditory apparatus. Not long ago we published an account of somebody's method of stopping hiccough by applying a drop of water to the external ear. Now, Dr. Dresch, of Foix, in France, has written a letter to the editor of the "*Bulletin General de Therapeutique*," in which he describes another method, almost as simple, also relating to the ear. Dr. Dresch states that the procedure was not original with him, but that he can not remember how it was made known to him. The method is as follows: The sufferer should close his external auditory canals with his fingers, exerting a certain degree of pressure; at the same time he is to drink a few sips of any liquid whatever, the glass or cup being held to his lips by another person. The effect is said to be immediate—*Medical Journal.*

#### Value of a Sign.

"How do I know that man had something the matter with his right ear?" repeated an aurist with whom an Indianapolis *Journal* reporter was talking. "Why because he told me so. Didn't you see him do it?" The reporter confessed that he had not heard the man make any remark as he passed the window, where the aurist and the visitor were sitting. "Well, he did it. Out there on the corner of my house I have a little tin sign containing my name, beneath which are the words, 'Eye and Ear.' Now, it is a very strange phenomenon, but nine men out of ten who are troubled with afflictions of the eye or ear will reveal the location of their disease when they see that sign. They do it unconsciously. A man passes in a deep, brown study. He is oblivious of everything. Even the direction and the style of his gait are mechanical. When he is opposite that sign he is mechanically reminded that he is interested in it, and he begins to investigate the magnitude of his interest. If his eye is sore, he will rub it;

if he wears glasses, he will take them off and wipe them; or if his hearing is bad, he will put his hand to his ear. It is all mechanically done. That man to whom I called your attention put his hand to his right ear when he saw the sign. The demonstration is a freak of nature, which shows that we can never become so engrossed in anything as to be regardless of ourselves."

#### Moderate Exercise.

There is no better preventive of nervous exhaustion than regular, unhurried muscular exercise. If we could moderate our hurry, lessen our worry, and increase our open-air exercise, a large portion of nervous diseases would be abolished. For those who cannot get a sufficient holiday, the best substitute is an occasional day in bed. Many whose nerves are constantly strained in their daily vocation have discovered this for themselves. A Spanish merchant in Barcelona told his medical man that he always went to bed for two or three days whenever he could be spared from his business, and he laughed at those who spent their holidays on toilsome mountains. One of the hardest worked women in England, who has for many years conducted a large wholesale business, retains excellent nerves at an advanced age, owing, it is believed, to her habit of taking one day a week in bed. If we cannot avoid frequent agitation, we ought, if possible, to give the nervous system time to recover itself between the shocks. Even an hour's seclusion after a good lunch will deprive a hurried, anxious day of much of its injury. The nerves can often be overcome by stratagem when they refuse to be controlled by strength of will.—James Muir Howie, in the *Nineteenth Century*.

#### The Etiology of Typhoid Fever.

Dr. Quine's views on typhoid fever are summarized by the *Philadelphia Medical Times* as follows:

1. The exciting cause is a specific, poisonous, microscopical germ, and under no circumstances can typhoid fever originate from the influence of filth alone, unless that filth contains the specific germ.

2. The germ is practically immortal. Typhoid dejecta may be imprisoned in an old cesspool or unused sewer pipe for half a century, and then after a lapse

of this period, when this cesspool or unused sewer pipe is opened the typhoid germ literally springs into existence with frightful malignancy, and a few whiffs from the accumulations in the cesspool will be sufficient to cause it. The germ does not die spontaneously, it can be killed.

3. The germ multiplies in the human body and an inconceivably minute quantity of this germ introduced into the human system makes the individual susceptible to the disease. An individual having a dozen movements of the bowels a day, each dejection contains germs enough to impart it to a hundred or thousand individuals; so there is clear proof that the germ multiplies in the human body.

4. The specific germ of typhoid fever is eliminated by the bowels. A person may inhale the breath of a typhoid patient without danger of contracting the malady. He may lie on the same bed throughout the entire course of the disease without danger to himself, unless in some way the intestinal dejections or emanations have found their way into his own circulation. The poison is not contained in the urine, nor in the emanations from the surface of the body, but simply in the fecal discharges.

5. The fresh germ itself is innocuous—non-poisonous. Some investigators in Germany have engaged in the unpleasantness of drinking down fresh typhoid discharges, and have demonstrated with absolute certainty that these fresh discharges are innocuous.

6. In order for the discharges to acquire activity or virulency, they must be exposed to atmospheric air; hence old typhoid putrid discharges undergo partial decomposition.

7. The poison of typhoid fever is almost invariably swallowed in drinking from impregnated water supplies. It is sometimes swallowed in the food. In rare, exceptional cases, typhoid germs may be diffused through the atmosphere, and find their way into the human body through the lungs.

8. A patient may have the disease two or three times; one attack does not protect him from subsequent attacks.

#### Poisoning with Oil of Gaultheria.

J. G. Pinkham reports the case of a young woman, three months pregnant,

who took, to produce an abortion, an ounce of oil of wintergreen. The symptoms summarized were: Distress in the head, profuse perspiration, pain in the stomach and bowels, purging, diuresis, with frequent painful and, at the last, involuntary urination, abolition of sight and hearing, general convulsions, tonic spasms of the flexors of the hands and feet, great depression of the heart's action, rapid respiration, and death in fifteen hours. On post-mortem examination there was found persistent spasm of the hands and feet, great irritation of the gastro-intestinal mucosa, a black fluid state of the blood, and congested kidneys.—*Medical Analectic.*

#### Cutaneous Lesions of the Genitals Due to Diabetes.

Pruritus of the genitals in both sexes is so often due to diabetes mellitus that Fournier lays down the rule in all cases of this affection to examine the urine. But besides causing pruritus and eczema, diabetes leads occasionally to gangrenous ulceration of the genitals. The well-known prevalence of phimosis and balanoposthitis amongst diabetic patients is noticed, and M. Fournier points out the grave risk attending circumcision. He advises strict attention to cleanliness, the use of some drying powder, and frequent injection beneath the prepuce of an alkaline lotion (bicarbonate of soda or borax). Simple balanoposthitis due to diabetes is sometimes mistaken for gonorrhœa, much to the detriment of the patient, and the liability to confound diabetic gangrene of the genitals with phagedænic chancres is well pointed out in this interesting review of what M. Fournier terms the "diabetides."—*Annals of Surgery.*

#### The Curative Effects of Erysipelas in Some Forms of Disease.

E. Schwimmer claims that the general syphilitic diathesis remains entirely uninfluenced by erysipelas, as may be seen from the relapse of syphilis after the erysipelas has run its course; but the local process of the various syphilitic products heals very quickly. The local manifestations of lupus likewise remain uninfluenced, the alterations characteristic of the disease and the several nodules suffering no change. In a very prominent keloid after a burn, a quite rapid absorption of the cicatri-



cial tissue ensued, leaving the surface almost smooth. Also in a chronic bilateral epididymitis and orchitis, recovery followed after an attack of erysipelas lasting ten days.—*Journ. of Outan. and Vener. Dis.*, March, 1888.

#### Calcareo Fluorica and Silicea in Sarcoma (?)

Dr. Spiethoff, of Liebeck, relates a prompt effect from calcarea fluorica and silicea. The patient was afflicted with a large sarcoma on the superior maxilla, giving a frog-like appearance to the face. For eight months, old school physicians tried to establish suppuration, but failed, except to produce several fistulous openings, discharging a fetid almost clear fluid. Without much hope of producing suppuration, silicea<sup>6</sup> was given. No change for two weeks, except the appearances of two protuberances in the median line of the tumor. Calcareo fluorica<sup>6</sup> was now given and the next day a profuse suppuration began, greatly ameliorating the case.—*California Homœopath.*, March, 1888.

#### Kali Sulph. in Rheumatism.

Kali sulph is reported by H. R. Stiles, M.D., of New York, as doing good work in rheumatism of the wrists, hips, thighs and back. In rheumatoid or neuralgic cases, worse at night, and *in the evening in a warm room* (key note), it accomplishes good results. The secretions are slimy, yellow and sticky. The nightly aggravation is very marked, the patient being *very sore from 3 A.M. until day*.—*California Homœopath.*, March, 1888.

#### A Proving of Chininum Muriaticum.

In the February number of the *Medical Advance* Dr. S. Lilienthal gives a translation of a report of a proving of chininum muriaticum, made by Dr. Hugo Shultz, an allopathic physician. Concerning this proving, the translator truly says that it is a proving made after the rules of the homœopathic school, and for a beginning it is a very good proving. The drug was taken in doses of one-thirteenth grain twice daily. At first, indistinct sensation of pressure and heaviness in the brain, followed by apathy, depression, disinclination to work, melancholy, which again cause irritability and præcordial anguish, slightly relieved by walking in the fresh

air. Five of the provers complained of vertigo; increasing in one to fainting. Most of the provers slept poorly, their rest broken by frightful dreams and starting in sleep. All felt very tired, so that one may conclude that also the spinal cord was affected. In some disgust to quinine developed, and in all of them the use of tobacco or alcohol brought out symptoms like those seen on strangers to their use. Both the senses of sight and hearing were affected. Ringing in the ears, especially the last, and weakness of the eyes were observed. Nine provers had trigeminal neuralgia, mostly on the left side. Boring pain was experienced in the left infra-orbital, malar and superior maxillary nerves, with aggravation in the open air and tumefaction adjacent to upper molars. In one prover, the trifacial pains continued one week after he had ceased to take the medicine. Supra-orbital pain was noticed in the morning while toothache showed itself more at night. About two weeks later the neuralgic pains suddenly reappeared at night, without any provocation, and kept up the same type as during the proving. The pains in the teeth were excruciating when pressing them together. Toward morning the pain subsided so that he could get a little sleep. After this prodromal stage, the neuralgia assumed a periodical character, appearing every night at three o'clock and lasted till morning, disappearing entirely during the day. To antidote the chininum and cure the neuralgia, Fowler's solution was taken, but only with partial benefit. Ferrum oxydatum saccharatum cured.

In two provers the skin was affected, the eruption being attended with intolerable itching. Gastro-intestinal and genito-urinary irritation was noticed in nearly all provers.

#### The Limitations of the So-called "Weir-Mitchell Treatment."

After six years' experience with the systematic method of treating certain grave forms of functional neurosis, generally known as the "Weir-Mitchell Treatment," Dr. W. S. Playfair expresses his confidence in its value in suitable cases. He warns the profession, however, that this treatment may receive discredit owing to its being employed in cases to which it is not suited. In the first place, it should not be re-

sorted to, in any form of organic disease. It is especially in some obscure forms of organic disease of the spinal cord that this mistake is most often made. Care should be taken not to apply this treatment to any marked case of mental disease. In cases of pronounced melancholia and other types of chronic insanity, it cannot possibly do any good and may do much harm. Finally, Dr. Playfair urges on those contemplating the treatment of a case in this way, either to do it thoroughly and well or not to do it at all. On the importance of this rule, it is impossible to exaggerate.—*Lancet*, January 7, 1888.

#### Transmission of Tuberculosis by the Respiratory Passages.

From experiments made on animals, M. M. Cadeac and Mallet have shown that the respiratory passages are very favorable seats for the development of tuberculosis when the bacilli, which penetrate to their interior, are conveyed in distilled water or an inert liquid. The development of the bacilli, however, finds no encouragement if the respiratory passages be sound and the bacilli conveyed in the dust. The net result of their experiments goes to show the importance of preventing simple catarrh of the respiratory passages. It would seem as though irritation of the air channels and the presence of tubercular bacilli were the only two necessities for the development of tuberculosis. The animals experimented with were rabbits, notoriously subject to tubercle, so that it is possible that there must be a proper soil for the growth of the bacilli as well as some simple lesion affording a point of entrance for them into the system.—*The Lancet*, January 7, 1888.

#### The Treatment of Carotid Hemorrhage

Mr. Frederick Treves believes that the ligature of main arteries for the arrest of bleeding in distant parts is often somewhat blindly advised and possibly too frequently carried out. To stay a hemorrhage from arteries of medium or small size, it is often only necessary that the local circulation should be temporarily slowed or stopped. When bleeding occurs from an unknown or inaccessible branch of the carotid artery and when this bleeding cannot be arrested by simple means, it

is usual to ligature the carotid trunk. The collateral circulation in this district is elaborate and free, so that in a short time the circulation is more or less restored in the branches of the ligatured vessel. Still the bleeding does not recur. Thus it seems that a temporary closure of the trunk only was required. To effect this, Mr. Treves recommends that the artery be exposed in the usual way. Then the operator should pass around it a thick piece of stout catgut. This is tied in a very loose loop. By pulling upon the loop, the circulation through the vessel is at once arrested, but is, however, at once restored when the tension upon the loop is relaxed.—*The Lancet*, Jan. 21, 1888.

#### Somnambulism Caused by Atropine.

Dr. A. D. Williams tells the story of a man for whom he prescribed an atropine solution to be dropped in the eye. After two or three days' treatment the patient arose one night towards morning, and in a somnambulist condition and clad only in his night shirt, left the house and walked eight or ten blocks away. It was during the warm weather and most of the houses had their windows open. Entering one of these he wandered about until awakened by the vigorous snoring of one of the sleepers. Dr. Williams expresses the opinion that the atropine was the direct cause of the somnambulism as the man had never before shown the slightest tendency to wander in his sleep.—*Med. and Surg. Reporter*, Feb. 4, 1888.

#### Scrofulous Neck and Its Surgical Treatment.

Dr. Wm. F. Gibb after discussing scrofulous neck and the remedies proposed for its relief, states his opinions in the following propositions:

1. In scrofulous disease of the cervical glands we have a tubercular process of mild type, seldom leading to generalized infection, but perhaps occasionally doing so; frequently concerned in predisposing to, or even directly occasioning, phthisis pulmonalis, and in the majority of cases deteriorating the general health.

2. Tubercular disease of the cervical glands is too often allowed to go on to a disastrous extent, without any active steps being taken to arrest its course, largely from a prevalent indifferent and



helpless feeling on the part of the medical profession.

3. Slight cases, being of course offered every possible advantage in the matter of constitutional treatment, should be carefully watched; and if, after the lapse of months, or it may be a year or two, we find the disease spreading, it is wise to extirpate the affected glands while they are yet movable. In such cases, the operation will be easy and little or no deformity need result.

4. To quote Teale, whose directions are full and clear, surgical interference is demanded whenever a sinus resulting from a degenerated gland exists; whenever pus can be detected in connection with a gland, and whenever there are enlarged glands accessible to surgery in a patient in whom a caseous or suppurating gland has already been discovered.—*Med. and Surg. Reporter*, Feb. 4, 1888.

#### Estimation of Intestinal Putrefaction by Examination of the Urine.

Prof. Poehl, of St. Petersburg, has recently made a number of analyses, with the object of determining the amount of putrefaction taking place in the intestinal canal under various circumstances. These researches were based on the fact, as demonstrated by Baumann, that albuminoids are decomposed only in the intestine, and that their decomposition gives rise to the formation of sulphuric acid ethers in the urine. Estimating the "preformed" or free, and the combined sulphuric acid in the urine, the ratio between the two  $S$  |  $s$  taken inversely serves as a measure of the putrefactive change that has taken place in the intestinal canal. As a rule in healthy persons, the preformed acid is about ten times the amount of the combined. In dogs, Morax found the ratio under ordinary conditions about eight. When iodoform was given in large doses, the ratio rose to 35.8, showing the high antiseptic value of this substance. Bismuth produced no effect. From some experiments of Baumann's on the effects of calomel on hungering dogs, it appears that this drug has the power of decreasing the putrefactive changes in the intestine, partly because of its antiseptic properties, but mainly, probably because of its purgative action. Experiments on the human subject with castor oil showed that the sulphuric ethers in the urine are not only not diminished, but actually increased by its

use, and calomel had no effect on them, of course, only the soluble mercury compounds formed from the calomel can be expected to affect the organisms which cause putrefaction, and as the latter are ferments upon which soluble mercurial salts are known to have but a limited effect, the antiseptic action of such small doses of calomel as can be borne, cannot be expected to be great. Dr. Poehl's own experiments on healthy persons shows the ratio between the preformed and the combined sulphuric acid  $\frac{S}{s}$  to vary between 11 and 15. In one young man who had been living for years on boiled and sour milk, the intestinal putrefaction seemed to be reduced to a minimum,  $\frac{S}{s}$  varying from 28 to 35.8. In the case of a healthy vegetarian, too, the amount of combined sulphuric acid was very small. In a man suffering from choleraic diarrhoea, who had been given opiates and bisulphide of carbon water, the latter in large doses, the ratio was 36.2, showing the powerful antiseptic action of this substance. Here, in spite of the small amount of compound sulphuric acid, the quantity of indican was unusually large. As a rule, Dr. Poehl found that a large amount of indican corresponded with a large amount of combined sulphuric acid, and therefore a comparatively small value of  $\frac{S}{s}$ , though in exceptional cases this rose to as high as 15.—*The Lancet*, Jan. 14, 1888.

#### The Surgery of the Enlarged Prostate.

Dr. William T. Belfield recommends that in cases of severe and protracted cystitis from enlarged prostate, after failure of other measures, a suprapubic exploration of the bladder be made. In a certain percentage of cases, the obstacle to urination will be found as a projecting prostatic growth which can be removed with scissors or cautery. When no intravesical humors are found the bladder is at least drained and rested and the prostatic oedema, usual in advanced cases, subsides; in cases by no means rare, calculi undetected by the sound will be found. In cases where the prostatic urethra is found to be hopelessly distorted and occluded, a permanent opening above the pubis can be maintained and fitted with a tube, dispensing with the painful and futile employment of the catheter.—*Medical Record*, March 10th, 1888.

### Electricity in the Early Diagnosis of Exophthalmic Goitre.

Charcot has drawn attention to the fact that in exophthalmic goitre the electrical resistance of the body is very much diminished. To test the accuracy of this statement, Dr. R. Norris Wolfenden, of London, has undertaken a number of clinical experiments. He finds that the average bodily resistance ranges from 4000 to 5000 ohms. But in eight cases in which exophthalmic goitre was well marked it was between 500 and 700 ohms, and in twelve others presenting unmistakable early symptoms of the disease it ranged between 1000 and 1300 ohms. Wolfenden emphasises the fact that in ordinary goitre the electrical resistance is not diminished.—*N. Y. Medical Journal*, Jan. 21st, 1888.

### Gelsemium In Disease of the Uveal Tract.

Dr. Chas. C. Boyle reports two cases of disease of the eye involving the uveal tract, that had been under treatment by old school oculists and pronounced incurable. Both were cured by the administration of gelsemium internally. One was a case of detachment of the retina in an eye considerably myopic and probably brought on by excessive use of the eyes. He had been treated by rest, bandaging, paracentesis, etc. Dr. Boyle prescribed gelsemium and rest and in six weeks, the patient was discharged, cured with a vision of  $\frac{20}{40}$ .

The second case was one in which there was total detachment of the retina from injury with entire loss of vision in one eye and the other with a vision of  $\frac{1}{5}$ . The vitreous was cloudy and full of opacities. Gelsemium,  $\phi$  three drops four times a day, was prescribed. Three months later, the vision of the best eye was  $\frac{1}{5}$  without glasses, and with +0.75 D., it was  $\frac{1}{5}$ .—*Trans. of the Hom. Med. Soc. of the State of N. Y.*, Part II. 1887.

### Colocynth in Irido-Choroiditis.

Dr. E. H. Linnell reports a case of irido-choroiditis serosa of the left eye, to which he was called in consultation. The iris was discolored and the pupil contracted; there was slight pericorneal injection especially in the lower portion of the eye-ball; slight cutting pains; eye sensitive to touch or motion; T + 1; vitreous filled with fine opacities; vision reduced to counting fingers at three feet. Under treatment, the case im-

proved satisfactorily for one month when there was a severe aggravation; in fact the eye was as bad if not worse than at any time previously. Just previous to this aggravation she used a solution of colocynth in rum as a hair wash. She had been in the habit of using this for a year or more. She also gave a history of attack of colic having the characteristic symptoms of colocynth. Dr. Linnell believes that the colocynth aggravated the irido-choroiditis.—*Trans. of the Hom. Med. Soc. of the State of N. Y.*, Part II. 1887.

### A New Method of Treating Episcleritis.

The new treatment referred to by Dr. David Webster is the actual cautery. This he has applied now in three cases with the apparent effect of abating the disease. His method was to render the eye insensible by cocaine and then apply the platinum corneal cautery at a red heat over the summit of the swelling. The eye was kept bandaged for a few days and then a solution of pilocarpine was instilled several times daily and the brow painted with tincture of iodine. In about two weeks the operation was repeated, if then found necessary.—*International Journ. of Surgery and Antiseptics*, January, 1888.

### Changes in Blood During Pregnancy.

From an examination of the blood of ten non-gravid (between 20 and 25 years of age) and 37 gravid women, Meyer deduces the following conclusions. In case of a healthy non-gravid woman, the mean percentage of hemoglobin was found to be 85.4, and this figure is 7.6 per cent. lower than that determined by V. Fleische. In the blood of pregnant women, in the last month of gestation, the number of blood corpuscles and the amount of coloring matter are diminished. Meyer finding that the corpuscles at the beginning of the last month diminish to .70 mill. in 1 cmm. of blood and the hemoglobin 7.8 per cent. on the average. A short time after delivery the number of red blood corpuscles and the amount of coloring matter in the blood are, in general, markedly decreased and this is probably dependent on hemorrhage during labor. During the puerperium the corpuscles and hemoglobin increase in number and amount, and, in a number



of cases, the increase was so marked that two weeks after labor the mean was higher than in the same woman during pregnancy.—*Amer. Journ. of Obstet.*, March, 1888.

#### Sequel of an Old Case of Ligature of the Carotid.

The case was published in the ninth and tenth volumes of the *Transactions of the Clinical Society of London* as one of distal ligature of the left carotid for aortic aneurism. The patient survived the operation for twelve years and then died of phthisis. On *post-mortem* examination, it proved that the *bruit*, the thrill and the pulsation, which were thought to be caused by aneurism of the aorta, depended on stenosis of the valves of the pulmonary artery with dilatation of its left branch. There had been weakness and occasionally total absence of the pulse in the left arm. The aorta and its branches were healthy as far as they were examined. The left carotid was obliterated in its whole extent. As the case had been used in discussing the propriety of distal ligature in aortic aneurism, it was thought right to publish this correction.—*British Medical Journal*, March 3, 1888.

#### Malarial Insomnia.

Dr. F. Eklund, M. D., of Stockholm, believes that there is a special form of insomnia due to malaria; in its severest form sleep by night is unattainable, but the sufferer is drowsy by day. In less severe cases a few hours sleep are obtained on first going to bed, but the patient then wakes, in some instances always at the same hour and cannot again sleep.—*Cincinnati Lancet-Clinic*, February 11, 1888.

#### Angioma of the Epiglottis causing Hemoptysis.

Dr. C. M. Desvernine describes in a Cuban Medical journal a case of repeated hemorrhage from the mouth occurring in a healthy man of fifty three, the cause of which was for some time obscure. On making a laryngoscopic examination, an ovoid tumor measuring two centimetres by one was found attached by a peduncle to the laryngeal aspect of the epiglottis. The tumor appeared to be lobulated and was of a violet color. From the history of the hemorrhages taken together with the color and general appearance of the

tumor, Dr. Desvernine diagnosed it as an angioma and decided to remove it by means of the galvano-cautery. This was accomplished without difficulty, the pharynx and larynx having been previously anesthetized by cocaine. An examination of the tumor showed it to be a pedunculated and encapsuled angioma.—*The Lancet*, February 25, 1888.

#### Poisoning by Antipyrine.

Dr. Oscar Jennings reports the case of a maiden lady, aged sixty-seven years for whom antipyrin was prescribed. After taking two and a half grammes daily for eight days, erythematous patches appeared on her arms and her eyes felt uncomfortable. The following night she scarcely slept at all; the feet were icy cold. The next morning her face was red and greatly swollen. The eyes were almost closed. The rash was general and of the color of pomegranate, arranged in patches the size of a three-penny piece, separated one from another by intervals scarcely noticeable at first sight but distinctly recognizable upon close examination. Appetite was poor. This condition gave rise to no suffering; all that was felt was a strange sensation; as if the inside of the body was filled with ice. There was but little itching. The following day the condition was as follows: The eyes were the seat of a catarrhal conjunctivitis; irritation of the nasal fossæ and hoarseness of voice. The pulse was twice as fast as usual, 78 to the minute; slight buzzing in the ears. After this convalescence proceeded gradually. The patient suffered for some time longer from prostration and intermittent sensations of cold.—*The Lancet*, Feb. 25th, 1888.

#### The Treatment of Exophthalmic Goitre.

Dr. R. Vigoureux lays great stress upon the kind and method of application of electricity in the treatment of this affection. He employs faradization in the following manner: (1) A large electrode from 7 to 8 c.c. in diameter is applied to the inferior part of the neck posteriorly, and is held in position by means of a band. The other electrode is olive-shaped or button-shaped, less than 1 c.c. ( $\frac{3}{8}$  inch) in diameter, and is connected with the negative pole of the battery. This electrode is applied behind the angle of the jaw,

in front of the sterno-mastoid muscle, and is made to press upon the carotid artery. The application is made during a minute and a-half, and is then transferred to the opposite side, where it is continued for the same length of time. (2) The small electrode is then passed lightly over both orbiculares palpebrarum in turn. (3) The olive electrode is now replaced by a plate 4 c.c. (1  $\frac{5}{8}$ -inch) in diameter, and is applied to the thyroid tumor. (4) The small electrode is now rendered positive, and is applied to the precordial region, in the third intercostal space to the left of the sternum, and the current should be sufficiently strong just to excite fibrillary contractions. The application is made for two or three minutes. The séances are repeated every second day.—*N. Y. Medical Journal*, March 10, 1888.

#### Retinitis Brighti Without Albuminuria.

C. Gand details his observations in a thesis, Paris, 1887, and gives conclusive proofs that the retinitis of Bright's disease with its special and distinctive features, has appeared several weeks, even several months before the positive symptoms of Bright's disease became manifest.—*Amer. Journ. of the Med. Soc.*, Feb., 1888.

#### Disturbances of Vision After Employing the Galvano-cautery in the nose.

Ziem calls attention to the occasional occurrence of visual disturbances after using the galvano-cautery in the nose and reports three cases. In the first case, after cauterization anteriorly and posteriorly of the turbinated bones, the patient complained of defective vision in the right eye, and an examination showed  $V = \frac{2}{10}$ , distinct venous pulsation on right disc and a narrowing of the field of vision. In the second case, a woman with chronic swelling of the mucous membrane lining the entire nose and a small angioma at the internal canthus of the left eye, the application of the galvano-cautery caused a fainting spell and collapse of the angioma and shortly afterward a failure of vision of the left eye. An examination showed marked venous hyperæmia of the left optic disc. In the third case, a young woman with great swelling of the nasal mucous membrane over the turbinated bones and chronic blepharo-adenitis,

the galvano-cautery was applied to the turbinated bones very freely, and almost immediately, the patient complained of a sense of fullness and pressure in the left eye and of a dimness of vision. An examination showed venous pulsation in the left optic disc.—*N. Y. Medical Journal*, Feb. 25th, 1888.

#### Corrosive Sublimate Poisoning.

At a recent meeting of the Berlin Medical Society, Virchow exhibited the organs of three cases of corrosive sublimate poisoning, two of them being puerperal cases. The first was a woman aged twenty-five, who had been treated before her admission to the Charité with carbolic acid solution. In the hospital, she received daily intra-uterine douches of one quart of 1 to 1000 corrosive sublimate solution for three successive days. Death speedily followed with diphtheritis of the serous membranes, and a condition of the colon which Virchow thought identical with diphtheritic dysentery. Chemical examination of the diseased tissues showed the presence of mercury.

In the second puerperal case, corrosive sublimate was used before admission to the hospital and in unknown quantity. The genitalia were unaffected, but the heart, muscle, kidneys, liver and bronchial tubes showed the effects of the poison, while the colon presented in marked degree, the condition already described. Virchow considered that corrosive sublimate entered the blood with ease, becoming a powerful irritant. Its irritating action upon the tissues rendered them extremely susceptible to the action of microbes, which increased with great rapidity in organisms so poisoned. The pathological changes in the colon were a simple reddening, followed by œdema of the submucosa, hemorrhagic infiltration, diphtheritic exudation, with the accumulation of bacteria and necrosis of the tissues.—*Amer. Journ. of the Med. Sc.*, Feb., 1888.

#### Atrophic Rhinitis Treated by Applications of the Galvanic Current.

Dr. D. Bryson Delavan speaks quite favorably of electricity as a therapeutic agent, the results of which he has not seen equaled by any other method. As intra nasal electrode, he uses a copper wire protected by a pledget of absorbent



cotton saturated with lukewarm water; as external electrode a flat sponge at the nape of the neck; the intra-nasal one being connected with the negative pole of the continuous battery current, the strength of which varies from four to seven milliampères during a sitting of from five to twelve minutes, or until a serous discharge occurs.—*Amer. Journ. of the Med. Sc.*, Jan., 1888.

#### A Case of Anæsthesia of the Urinary Tract.

Dr. Friedrich Shaefer reports the case of a man, aged fifty-four, who, with the exception of a very trifling burning during urination, had none of the so-called diagnostic symptoms of stone. A vesical examination made on account of occasional very slight ardor urinæ revealed the presence of a stone the size of a cherry, situated in the fundus of the bladder. Dr. Shaefer proceeded at once, without the use of any anæsthetic or narcotic, to crush and evacuate the stone, the fragments weighing forty-five grains and consisting of uric acid. The patient during the operation laughed and smoked cigarettes.—*Amer. Journ. of the Med. Sc.*, Jan., 1888.

#### Poisoning by Duboisia.

Dr. C. M. Chadwick reports the case of a man in whose eyes two disks, each containing one two-hundredth of a grain of duboisine sulphate, were placed. Shortly afterwards he felt giddy and was quite restless. He soon became decidedly weak in his legs, losing control over them, throat very dry, and having an exceedingly bitter taste. His speech became husky and indistinct; he walked, talked, and behaved like one intoxicated. Later, when at home, there was complete inability to stand without assistance, or to recognize the position of objects. For example, he would suddenly sit on the floor, thinking a chair was ready for him, and drop a glass in mid-air, instead of on the table. It was difficult to get him in bed and constant attention was required to keep him quiet. There was incessant movement, with suspicious looking under the bedclothes and behind him. A few minutes left to himself sufficed to disorder the whole room. Finally he fell to the floor, when he could not raise himself without assistance. This activity was accompanied by a flow of

words, sentences strung together without any apparent connection; throughout there was an air of fun and humor, of childishness rather than violence, the pulse was quite slow. The patient imagined it quite dark though the middle of a sunny afternoon. *Medical Analectic*, March 22, 1888.

#### Untoward Effects of Antipyrine.

Dr. P. Guttman publishes two cases in which antipyrine caused dangerous symptoms. In the one case, there were violent palpitations, intense cyanosis and a feeling of the want of air; in the other, there were great excitement (pulse 132), cedema, and ephemeral amaurosis, together with pruritis and urticaria. These symptoms appeared on the administration of a few gramme doses.—*N. Y. Med. Jour.*, March 24, 1888.

For a severe headache of nervous character in a lady, Peters prescribed two powders (ten grains each) of antipyrine. She took one about 9.30 P. M., and in two or three minutes she began to experience a snapping in the head, along with an itching and burning in the mouth and throat, particularly in the roof of the mouth. This feeling also extended to the eyes, nose, and ears and became so violent that she involuntarily thrust her fingers into her mouth and ears to seek relief. The snapping in the head increased in intensity until she became almost frantic and ran up and down the room screaming, partially losing control of herself and apprehending acute insanity. Sneezing soon commenced, and became extremely violent, the act being repeated at least fifty times, while the nose and eyes were discharging a very copious, watery fluid. The turgescence of the mucous membranes was so extreme, that she could not breathe through the nostrils for several hours. Following all this, there was a stupid tormenting feeling, with the swelling of the nose and eyes, till exhausted, she finally fell asleep. This sleep was disturbed and tiresome, but the headache proper was relieved.—*Medical Register*, March 24, 1888.

#### Effects of Benzine on Workmen.

Neuman and Pabst observe that benzine determines a slight trembling of the hands and arms, accompanied by tingling sensation and numbness. In workmen employed in benzine distiller-

ies, symptoms of a more serious nature are sometimes observed, namely, intoxication accompanied by delirium; the patient talks incessantly; in some cases his speech is impeded and he stutters. Aphasia which lasts several days is sometimes present, also epileptiform convulsions, followed by coma, aphonia and mental disturbance. The loss of the genital faculties often constitutes one of the earliest symptoms of chronic intoxication. Paresis, paralysis, facial hemiplegia, disturbed sensibility (anæsthesia, hyperæsthesia) are also met with. Quinquaud has observed anæmia, betrayed by external symptoms and the state of the blood. The pulse is accelerated but regular; the skin is hot, and the eyes and face are animated.—*Medical Register*, March 24, 1888.

## News, Etc.

PERSONALS.—Dr. Edward P. Small has removed to 1609 Summer St.

Drs. Caleb S. Middletown and Wm. Spencer to 1523 Girard Ave.

Dr. Edward M. Gramm to 1433 Girard Ave.

Dr. Joseph Rodes has been elected Pathologist to the Children's Homœopathic Hospital of Philadelphia.

Dr. Thos. Reading has been elected House Surgeon to the Pittsburgh Homœopathic Hospital.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY will hold its annual meeting at the Continental Hotel, Philadelphia, on May 1, at 11 A. M.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY holds its annual meeting in Boston, April 11.

THE NINETEENTH ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN will be held in Ionia, Mich., on May 15 and 16.

THE MISSOURI INSTITUTE OF HOMŒOPATHY will hold its twelfth annual session at Kansas City, Mo., April 24, 25 and 26, 1888.

FORMAL OPENING OF THE NEW CAMDEN HOMŒOPATHIC HOSPITAL.—The for-

mal opening of the new building of the Camden Homœopathic Hospital and Dispensary Association, at the southeast corner of West and Stevens streets, took place March 22d, 1888. At 2 o'clock the building was thrown open to the public for inspection. It was formerly occupied as a residence by Dr. A. E. Street, from whom it was purchased several months ago by the association for \$8000. Of this amount \$2000 has been paid in cash, a note for \$2000 has been given and the remaining \$4000 is secured by a mortgage on the property. The Association obtained possession of the building about January 25th, and since that time has caused it to be thoroughly repaired and remodeled. On the first floor are located the reception room, which is handsomely furnished with an oak suit, the gift of Hon. E. Ambler Armstrong, President of the association, and Charles Watson, Treasurer; the physicians' room, waiting room, dining room, kitchen and two public wards. On the second floor, in addition to the wards, are the operating rooms, furnished with all the necessary surgical appliances, and the convalescents' room. The matron's rooms are on the third floor. There are four private and four public wards, each of the former containing accommodations for one, and the latter for three patients, which can be increased to four in case of an emergency. The suits of furniture in the private wards were donated by the following: Joseph B. Vansciver, oak; Ivins & Bro., walnut; Trymby, Hunt & Co., ash; Groves, Wilson & Groves, oak. The public wards are furnished with iron cots, with spring beds and mattresses. The building is heated throughout by steam, and an electric call bell has been placed in each room. In the reception room is exhibited a painting by Mrs. George W. Coles, which is to be contested for by the Cooper and Homœopathic Hospitals, at the fair of the latter, to be held in April.

This was the first hospital in Camden and was incorporated on February 5th, 1885 by the following gentlemen: John Campbell, Jr., S. H. Quint, A. E. Street, E. R. Tullis, Thomas R. Blackwood, G. W. Coles, M. F. Middleton, I. K. Bryant, E. M. Howard, Charles Watson, J. M. Stradling and B. Frank Sutton. The officers at that time were: President, E. Ambler Armstrong; Vice-Presi-



dents, J. M. Stradling and B. Frank Sutton; Secretary, S. H. Quint; Treasurer, Charles Watson.

The present officers are: President, Hon. E. A. Armstrong; Vice President, B. Frank Sutton; Secretary, A. E. Street, D. D. S.; Treasurer, Charles Watson; Board of Directors, Henry Scull, S. H. Quint, M. D., George W. Coles, Charles P. Bowyer, Charles M. Hogan, A. E. Street, D. D. S., T. J. Middleton, John Campbell, Jr., Mahlon F. Ivins, Charles Watson, M. F. Middleton, M. D., E. R. Tullis, M. D., Louis T. Derousse, B. Frank Sutton, Hon. E. Ambler Armstrong, B. H. Shivers, M. D.

AMERICAN INSTITUTE OF HOMŒOPATHY.—The *Bureau of Materia Medica* chose for their work this year a study of the therapeutics of zincum metallicum and its salts in nervous diseases, and in diseases of the uterus and its appendages. They also decided to make some provings and re-provings of these drugs, for the reason that while some of them are highly valued by homœopathic physicians their combined symptomatology shows a large part of it to be derived from allopathic sources, cases of poisoning, etc., not reliable provings. To add to the interest and value of the discussions of this bureau we appeal to each member of the Institute to make a note of any case in which zinc m. or any of its salts were indicated, the administration of the remedy and its effects, and present it during the discussion at Niagara Falls in June next. Let us all have the benefit of your individual case books.

A. R. WRIGHT,  
Ch'n Bureau of Mat. Med.

A MEMORIAL TO DR. LIPPE.—A committee of ladies has undertaken the collection of a fund for the endowment of a lectureship as a memorial of the late Dr. Ad. Lippe, in connection with the Women's Homœopathic Surgical, Medical and Maternity Hospital, to be called the "Lippe Lectureship on *Materia Medica*."

THE FORTIETH ANNUAL COMMENCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA will be held

at the Academy of Music, April 6th, 1888. Professor Pemberton Dudley will deliver the valedictory.

## Obituary.

WALTER WARD, M. D.—Dr. Walter Ward, Mount Holly's oldest physician, died at his residence on Garden street, on March 29, 1888, in the 73d year of his age. A fortnight before his death he became ill with a bilious attack, from which, in a few days he was apparently recovering, when he was stricken with paralysis, with the result named.

Dr. Ward was born at Keene, New Hampshire, January 17, 1816, and was the son of a farmer of revolutionary ancestry. After acquiring a preliminary education at the celebrated academy of Ipswich, N. H., he studied medicine with leading physicians in his native state and Massachusetts, and attended lectures at Woodstock, Vt., and afterwards at Jefferson Medical College, Philadelphia, from which he graduated. His attention being attracted to the then new school of medicine—homœopathy—by noticeable cures of which he had learned, he, after investigation and study, decided to adopt it as his system of practice, and was chosen professor of physiology in the newly established Homœopathic College of Pennsylvania. In 1849 he came to Mount Holly, N. J., and entered upon the active practice of his profession. He was instrumental in obtaining requisite enactments by the New Jersey Legislature to protect and facilitate the practice of Homœopathy throughout the state, and was elected president of the West Jersey Homœopathic Society and subsequently of the State Society. He was one of the founders of the American Institute of Homœopathy.

Dr. Ward was an accomplished physician, a well-informed gentleman of literary, artistic and scientific tastes, and possessed of superior strength of character. He married Sarah Ann, daughter of the late Daniel Groves, a prominent citizen of Philadelphia. She died in 1884. Walter Ward, Jr., Esq., of the Burlington County Bar, is their only son.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF CONIUM.\*

BY ALFRED C. POPE, M. D.

Late Lecturer in Materia Medica at the London School of Homœopathy.

The *Conium maculatum* or spotted hemlock is generally admitted to be identical with the *Κιονεον* the Athenian State poison, with which Socrates and Phocion were done to death. By the Romans this same plant was known as *cicuta*—a point of some importance to remember, as the modern *cicuta*, though belonging to the same natural order as the *conium*, viz., the *umbelliferae* is quite a different plant.

The conium is found plentifully all over Europe, and is especially abundant in the hedges and waste grounds in the neighborhood of towns and villages. Climate and locality are believed to have some influence on the properties of the plant. The late, Sir Robert Christison found some growing near the sea side in the neighborhood of Edinburgh, which was perfectly innocuous.

The *Pharmacopœia* of the British Homœopathic Society directs the tincture to be made from the entire fresh plant by percolation with proof spirit. In *The American Pharmacopœia*, published by Bœricke & Tafel, we are instructed to use the entire plant except the root, to express the juice and mix it with an equal part by weight of alcohol; allow this to stand for eight days and filter.

The *succus conii* of the *British Pharmacopœia*, that published by the Medical Council, is prepared by bruising the pure leaves of hemlock with a sufficiency of alcohol, in a stone mortar, pressing out the juice and adding one measure of rectified spirit to every three measures of juice. This process yields a very active and reliable preparation.

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\* Revised from the course of lectures delivered during 1882-3.



Conium is one of the drugs proved by Hahnemann. His record of it appears in *The Materia Medica Pura* and also in *The Chronic Diseases*. The best English version is that given in the Hahnemannian Publishing Society's edition of the former work, prepared by Dr. Dudgeon and annotated by Dr. Hughes. Unfortunately this proving is largely made up of the "observations of others," and in collecting these, Hahnemann did not reject symptoms arising in persons taking it to relieve cancer and other disorders. Hence we are liable to have the products of cancer recorded as those of conium. Dr. Hughes has examined these observations of others with his usual care, placing them to the original and giving the results of his researches in notes. The extensive array of symptoms attributed to conium in Allen's Encyclopædia has also had the advantage of the revising labors of Dr. Hughes. By this means, the mischief done by the incorporation of doubtful symptoms with such as are pure has been reduced to a *minimum* in these two works.

*The Encyclopædia of Drug Pathogenesis* (vol. ii, p. 371) contains a very interesting collection of the pathogenetic properties of this drug, and also some experiments with its active principle *coniinum*.

Dr. John Harley's observations on and experiments with conium in his *Old Vegetable Neurotics*—mostly incorporated with others in the Encyclopædia article—are of considerable interest.

Lastly we have the graphic description given by Pliny of the death of Socrates from the effects of a poisonous dose of the plant.

In proceeding to place before you a summary of the effects produced by conium in the healthy human body, I shall commence with Pliny's description of them it produced in Socrates—giving it in the words of Professor Jewett's excellent translation of the dialogue between Phædo and Echecrates. The former, having described the entrance of the gaoler with the poison, proceeds.

"Socrates said, 'You, my good friend, who are experienced in these matters shall give me directions how I am to proceed.' The man answered, 'you have only to walk about until your legs are heavy and then to lie down, and the poison will act?' At the same time, he handed the cup to Socrates, who in the easiest and gentlest manner, without the least change of color or feature, looking at the man with all his eyes, Echecrates, as his manner was, took the cup and said, 'What do you say about making a libatum out of this cup to any god? May I, or may I not?' The man answered, 'We only prepare, Socrates, just so much as we deem enough.' 'I understand,' he said, 'but I may and must ask the gods to prosper my journey from this to that other world—even so—and so be it, according to my prayer.' Then, holding the cup to his lips, quite readily and cheerfully, he drank off the poison; and hitherto most of us had been able to control

our sorrow, but now when we saw him drinking, and saw too that he had finished the draught, we could no longer forbear, and in spite of myself my own tears were flowing fast so that I covered my face and wept over myself, for certainly I was not weeping over him, but at the thought of my own calamity in having lost such a friend. Nor was I the first for Crito, when we found himself unable to restrain his tears, had got up and moved away and I followed, and at that moment Apollodorus, who had been weeping all the time, broke out in a loud passionate cry, which made cowards of us all. Socrates alone retained his calmness. 'What is this strange outcry?' he said, 'I sent away the women mainly in order that they might not offend in this way; for I have heard that a man should die in peace. Be quiet, then, and have patience.' When we heard that, we were ashamed and restrained our tears, and he walked about, until, as he said, his legs began to fail; and then he lay on his back, according to the directions, and the man, who gave him the poison, now and then looked at his legs; and after a while he pressed his foot hard and asked him if he could feel; and he said 'no'; and then his leg, and so upwards and upwards, and showed us that he was cold and stiff and he felt them himself and said, 'When the poison reaches the heart, that will be the end.' He was beginning to grow cold about the groin, when he uncovered his face, for he had covered himself up and said (they were his last words)—he said: 'Crito, I owe a cock to Æsculapius; will you remember to pay the debt?' 'The debt shall be paid,' said Crito, 'is there anything else?' There was no answer to his question; but in a minute or two a movement was heard and the attendants uncovered him; his eyes were set and Crito closed his eyes and mouth.

"Such was the end, Echecrates, of our friend, whom I may truly call the wisest, and justest and best of all men whom I have ever known."

Here we have as complete a picture of the paralysis conium produces as could be desired. Loss of power of motion and then of sensation proceeding from below upwards, without any impairment of the intellectual faculties. It is a paraplegia—not a hemiplegia; it is a spinal not a cerebral paralysis that is here depicted. With a longer time to influence the body the action of conium is much wider. Thus more comprehensive and more minute in detail, and consequently more useful for therapeutic purposes, are the results of Dr. John Harley's experiment with doses of the succus conii, as recorded by him in his *Old Vegetable Neurotics*, from which I make the following extracts:

"After taking three drachms of the *succus conii* of the British Pharmacopœia, I set out walking; and, three quarters of an hour after the dose, I felt a heavy clogging sensation in my heels. There was a distinct impairment of motor power. I felt, so to speak, that "the go" was taken out of me. It was not that I felt fatigued just then, but it seemed as if a drag was suddenly put upon me, and that it would have been impossible for me to walk fast, if urged to do so. After walking about a mile up-hill, this sensation was very decided; and on putting a foot on the scraper of the door at the



hospital, the other leg was shaky and felt almost too weak to support me. My movements appeared clumsy to myself, and it seemed necessary that I should make an effort to control them. At the same time, there was a sluggishness of the adaptation of the eye. My vision was good for fixed objects; but, when an uneven object was put in motion before the eyes, there was a haze and a dimness of vision, producing a feeling of giddiness. The pulse and the pupils were unaffected. These were the whole of the effects, and after continuing for an hour they rapidly disappeared, and left me in possession of my usual vigor.

"After a full dose, five drachms and a-half, of the *succus*, taken when resting, giddiness and loss of power in the ocular muscles preceded the paralysis of the lower extremities. An hour and a-half after taking this dose decided weakness in the legs was experienced until there was a positive diminution of voluntary power in every part of the muscular system, and this nearly amounted to complete paralysis, as far as the hamstring and levator palpebræ muscles were concerned. At one time, the greatest exertion was required to elevate the eyelids. The mind remained perfectly clear and calm, and the brain active throughout, but the body seemed heavy and well nigh asleep."

Harley tested the power of conium—so far after the manner of Hahnemann—on three persons besides himself. In all the symptoms were alike. In a delicate young woman of inactive habits, who took four drachms of the *succus*, there was, an hour afterwards, "nearly complete muscular paralysis; the eyelids were closed, the pupils widely dilated and the mind clear, calm and active, and she expressed herself as quite comfortable. She tried perseveringly to raise the eyelids when I requested her to do so, but she was quite unable to separate their margins."

In a summary of the effects of conium upon the nervous system, Dr. Harley says:

"The earliest indications of the operation of the medicine are invariably those that arise from depression of the motor function of the third pair of nerves. They are: giddiness; the sensation of a heavy weight depressing the eyelids, or actual ptosis; a dull, lazy or fixed expressionless stare, like that of a drunken person; dilatation of the pupils.

"After moderate doses, the interference of vision is only such as results in haziness, as if a thin film of transparent vapor were floating between the eye and the object; the effect being identical with that observed on looking through a medium of unequal density, such as a mixture of hot and cold air enveloping a highly heated stove. It occurs independently of any dilatation of the pupil, and is compatible with good definition for fixed objects. It is due to imperfect adjustment of the refracting media of the eye from partial paralysis of the ciliary branches of the third nerve. It is through these branches that the individual first becomes conscious of the effect of hemlock, and if he should be reading at the time he will suddenly find the occupation fatiguing, and, very soon afterwards, it may be impossible, and

he will be glad to close the eyes to relieve himself of the symptoms, and as the muscular lethargy begins to be felt, content to lie perfectly still as if asleep.

"In full doses the depressing influence involves the other branches of the nerve, and the lazy movements of the eyeball, or dull, fixed and occasionally divergent stare, indicate the partially paralysed condition of the external muscles of the eyeball; while more or less drooping of the upper lids express a similar condition of the levator palpebræ."

Dr. Earle recorded in the *American Journal of Medical Sciences*, vol. 36, p. 71, the results of a series of experiments with the English and American extracts; in doing so he makes the following observation in reference to the influence of the drug upon vision:—"Directing the eye" he says "to an object at the distance of fifteen feet, that object would, for a moment, appear single; immediately, however, two images became visible and slowly receded from each other to the apparent distance of six inches, here they generally became stationary, but, at times, would continue to approach and recede from each other."

Double vision, Dr. Harley found to be rare; and he traced it when it occurred to inability to maintain the convergence of the optic axes. Dilatation of the pupils occurred, but was slight. The absence of any preponderating action of the muscles supplied by the fourth and sixth pairs of nerves shows, he thinks, that they are equally affected with the third. He also observed a proportionate diminution of power in the muscles supplied by the motor branches of the fifth and seventh pairs; the contractile power of the *musculus orbicularis* being especially weakened.

Dr. Harley traces these effects to the influence of the drug upon the motor centres within the cranium, and of these the corpora striata are, as he says, those which are principally affected. The rapidity with which the paralysing influence radiates through the body, together with the aching pain across the brows, over the roofs of the orbits, and at the back of the eyeballs justify this conclusion.

Here, to, as in the case of Socrates, we note the perfect intellectual clearness which prevailed during the action of the drug. There may be complete muscular lethargy, a total disinclination to speak and an involuntary drooping of eyelids—but not sleep. Then again, the pulse is rarely altered. So far as the cases I have ever cited go, whatever may have been the pathological changes effected by the conium in the motor centres, they do not involve anything approaching hyperæmia but rather betoken an arrest of development of nerve force.

In the following case recorded by Dr. Dyce Brown (*M. Hom. Rev.*,



vol. xiv, p. 534) the influence of conium in curing a rare form of paralysis was well and promptly marked.

The patient was a comb-maker, aged 54 years. He went to bed on the evening of the 5th of January, 1870, feeling quite well. On the following morning he awoke finding his left hand powerless and his foot numb. Six days later he presented himself at the Aberdeen Dispensary where he came under Dr. Brown's care.

The following is the report of his condition at this time :—"The right hand is quite strong, the left very weak in motion when told to grasp my hand; the grasp was hardly felt, it was feeble. Sensation in this hand is decidedly affected as compared with the right; it also feels numb. He can move the hand as a whole as well as usual, as also the forearms upon the arm; but the movements of the hand as a whole are not so good as on the other side. Sensation above the wrist normal. The right foot feels cold and numb, and when walking, the foot comes down heavily on the ground, heel first. No paralysis of the limb as a whole, in fact, he feels little inconvenience in walking. There is no other paralysis. Face natural on both sides, no alteration in the size of either pupil; no affection of speech, tongue put out straight; no headache; tongue clean; rather thirsty; pulse 100; bowels open; no pain or tenderness in any part of the spine."

He was ordered to remain in bed and to take aconite and belladonna every two hours alternately. On the following day there was some improvement and the pulse was 88. Aconite was now abandoned and he continued to take belladonna during the next three or four days when *nux vomica* was substituted for it. Two days later he was able to be out of bed. *Nux vomica* was continued for three weeks, but, though he walked much better at the end of this time, the hand remained very weak. The progress towards recovery was very slow. The *nux vomica* was now discontinued and *succo conii* gtt. v, ordered to be taken thrice daily.

At his next visit a week later one hand was as strong as the other, scarcely any numbness was felt in the foot and there was now no perceptible difference between the two feet in walking.

There is another form of paralysis which, from its frequently partial character, may suggest conium as a remedy—I allude to that which occasionally follows diphtheria. Though in such cases, lachesis, gelsemium, or cocculus will be more frequently indicated, yet conium is a medicine which must not be lost sight of when prescribing. The post-diphtheritic paralysis is one of toxæmic origin and will therefore have to be treated with medicines more thoroughly toxæmic in their character than conium has been shown to be—nevertheless you must not forget it here.

While by far the greater proportion of cases of conium poisoning present no other indications of cerebral disturbance as the result of the drug's action than those I have named, some unquestionably show that it does exercise control over a wider field than that of motion and

that it is capable of impairing sensation and also of enfeebling the intellect.

Dr. Dyce Brown (*M. Hom. Rev.*, vol xiii, p. 708,) describes a very interesting case exhibiting what may be termed a second, or deeper phase of hemlock poisoning. A married woman, 28 years of age, in the sixth month of pregnancy, consulted Dr. Dyce Brown at The Aberdeen Dispensary, when she complained of a dry cough, which troubled her little through the day but came on on lying down at night, keeping her awake. He ordered *succus conii* of which she took thirteen drops at about 7 o'clock in the evening. She went to bed at 10. About midnight she awoke with a severe headache.—

"She tried to speak to her husband, but felt she was unable to articulate properly. He, fancying his wife was speaking half-asleep, told her 'to speak rightly, that folk might ken what she said!' To this she replied that she was not speaking in her sleep, but was quite sensible and wide awake. She felt as if her tongue was stuck to the roof of her mouth, and she could not move it. Along with this, she felt inability to open the jaws, which state of trismus rather alarmed her. She also had a very severe headache, which she had difficulty in describing, but which was chiefly marked by a violent pressing, squeezing sensation in the top of the head. There was severe pain also in the forehead over the eyes, and from the eyes ran a profuse flow of tears which 'felt burning, as if salt and water had been put in the eyes.' Her sight was not affected for some time as she at first saw everything that was going on distinctly. Pain then went down from the top of the head to the sides of the jaws, and from thence to below the left breast, of a sharp stitching character; accompanied by a feeling of choking and inability to draw a breath. There was a feeling as if something were coming up the throat to choke her. The breathing was so difficult and stridulous, that her inspirations could be heard outside the door. Her face was very red and flushed, so much so that a neighbor woman who been called in, thought she had erysipelas. The next symptoms were a numb feeling in the lower extremities, with utter want of power to move them. This was followed by a similar state of the upper extremities. Along with the numb feeling there was a sensation of stiffness in the limbs, different from the feeling of powerlessness of motion. The numb, powerless sensation then extended over the whole body but was not accompanied with coldness of the surface. The sensibility of the skin was normal. Her husband made her a cup of tea, after which she vomited. She was perfectly sensible all this time and saw all that was going on. \* \* \* These symptoms went off partially for a time and then returned as before till about 4 P. M. During the latter period of this time she saw imaginary objects in the room, as of her brother and child, both of whom were dead. She was quite aware that this was an illusion and tried to get it out of her mind; but, notwithstanding her efforts and her consciousness it was an illusion, she could not prevent herself seeing them together as if they were coming in at her door. At this time also, objects in the room seemed to be indistinct and as if moving about."



After 4 o'clock she slept quietly until the usual time of rising when she awoke feeling stiff and sore in her jaws and extremely weak. During the day she was hardly able to walk across the floor, so that she was obliged to return to bed. The next day, she was able to visit the Dispensary, but even then the aching soreness of the jaws remained, and she could walk only with difficulty.

Here we have a series of symptoms similar to those commonly met with in hemlock poisoning, together with others exhibiting a cerebral action of a somewhat profounder type. These occurred, be it remembered, after so small a dose as 13 drops, whereas Dr. John Harley ordinarily used ten times as much. The explanation of this lies in the especial susceptibility of the patient to medicines of this class, as was seen subsequently when one of the dispensary students was attending her in her confinement, gave her 25 minims of the B. Ph. tincture of hyoseyamus at 2 P. M. Soon after 5 P. M., the child having been born in the meantime, "she began to stare fixedly and to wander in her talk. She seemed to see imaginary objects, and said several times, 'take it away, I want no nonsense of that sort.' She was lying with her eyes shut, but not asleep; she put out her tongue when requested to do so, said that she had a headache, and repeated as above. The pulse was slow and the pupils somewhat dilated."

Pareira quotes the report of a case observed by the late Dr. Alderson, of Hull, where the paralysis was yet more complete than in any of the experiments or cases I have so far referred to. General paralysis, here followed an overdose of conium "the under jaw fell, the saliva ran from the patient's mouth, the urine dropped from the bladder, and the contents of the rectum were discharged. In short every voluntary muscle lost its energy and the patient continued for nearly an hour in this most deplorable state, unable to move or to command the slightest exertion though all the time properly sensible." (*Mat. Med.*, Vol. ii., Pt. ii., page 200, 4th edition).

In all the cases of poisoning by conium I have so far brought before you, save in that recorded by Dr. Dyce Brown, one very striking feature of each has been the intellectual clearness which has prevailed in each. But it is not always so. Delirium and indeed mania have arisen in some well attested cases. Dr. Imbert-Gourbeyre, in the paper to which I have already referred, mentions several of them. In one, communicated to him by Dr. Conroy, of Rumilly (Savoy), the physician who attended the patients, three persons, a man aged 60, his wife 54, and his brother-in-law 50, after dining at noon were seized with nausea and a state of undefinable malaise; they then became

much agitated, had hallucinations and were delirious, rushing out of the house to the alarm of their neighbors, who thought that the whole family had gone mad, and took measures to compel their return to their house where they watched them closely. They are said to have been very mirthful all the while. The brother-in-law vomited and steadily improved thereafter; but the husband and wife who did not vomit, were much agitated, pulse 110–120, tongue dry and reddish; intermittent delirium; constant mirth, hallucinations. Delirium was more marked in the husband than the wife. In both cases the eyes were somewhat congested and wild looking, lips slightly cyanotic, nausea, no vomiting; dull, burning sensation at the epigastrium without much discomfort. The following morning all the patients had recovered. The cause of the mischief was a root of hemlock cooked with other herbs in a salad.

Again, Professor Imbert-Gourbeyre quotes from the *Präger Monatsschrift*, 1853, the cases of two children, reported by Ignus Stark, who had eaten root of hemlock and within an hour were attacked with convulsions, together with continual agitation and furious delirium. After an emetic, a small blood-letting and cold water compresses applied to the head, vomiting afforded some relief. The convulsions ceased, but the stupor and delirium which came on at intervals, together with a painful sensation in the stomach, lasted several days.

Dr. Watson, in *The Philosophical Transactions*, vol. xliii., records the cases of four German soldiers, who gathered a quantity of herbs to cook with bacon; these herbs were hemlock plants. Shortly afterwards, they were all seized with violent vertigo, and presently fell into a comatose state. Two had convulsions and died in three hours, the other two were saved by emetics.

*The Cyclopædia of Drug Pathogenesis* contains a record of several cases of poisoning where not only delirium but convulsions were present. In two fatal cases quoted, in one of which there was general paralysis, the other cases in a state of collapse when first seen, there were cerebral congestion and effusion into the ventricles. Showing clearly that, though within certain limits a spinal paralysis, conium has also the power of exciting changes in the brain which may lead to cerebral effusion.

In addition, then, to the several forms of motor paralysis observed by Harley, we see that, in a susceptible subject, actual trismus may occur, and also numbness and stiffness of the limbs. Here we have all the elements of convulsive action. Then there is a curious condition of hallucination. "This woman thought that she saw friends



around her who were dead, and yet was conscious all the time that she was mistaken."

Beyond this state again, actual delirium and convulsions have arisen from hemlock poisoning.

By supplementing these conditions with a few subjective symptoms, we shall be able to point more clearly than we could do without them to the causes of cerebral disease, in which conium occupies the place of a remedy.

The loss of motor power in the eyelids and extremities is associated after a time with defective memory. Hahnemann quotes the observation (published in 1779) of Dr. Rowley, a London physician, that, in fourteen cases of hemlock poisoning noticed by him, a loss of memory was one of the consequences. Dr. Lembke, also, in the course of his proving, noticed a disinclination for business with enfeebled memory. Dr. Kitchen reported some experiments with conium in *The American Journal of Insanity* (1873), in which an inability to sustain any mental effort was conspicuous.

In elderly people in whom motor power is easily exhausted, whose memory is weakened and in whom there is a good deal of vertigo and headache, chiefly aching in the forehead or weight in the occiput, the conium is useful. So also is it in cases of chronic paralysis to the enfeebled, mental power following a cerebral apoplexy.

Then again, there are a few symptoms recorded by some of Hahnemann's provings, which suggest a degree of mental depression, of melancholy, or hypochondriasis, such as is very generally associated with some of the conditions in which hemlock is otherwise indicated, notably so in atrophy of the genital organs.

In paralysis of the eyelid—ptosis—from depression of the motor function of the third nerve; in asthenopia dependent on diminution of muscular power in the internal rectus, especially where it is associated as is generally the case with slight diplopia, or again in accommodative asthenopia of the type described by Mr. Nettleship in *The Students' Guide to Diseases of the Eye* at p. 263, as follows:—"If accommodation have been weakened by disease or ill health, or have failed with age, the patient will complain that he can no longer see near objects clearly for long together; that the eyes ache or water, or that everything 'swims,' or becomes 'dim' after reading or sewing for a short time,"—in such conditions as these, you may safely prescribe *conium*, with every hope of giving relief.

The following case which was reported by Dr. Cooper in *The British Journal of Homœopathy*, Vol. XXIX, p. 779, illustrates the utility of conium in restoring defective accommodations.

"Sarah F. aet. 12 is longsighted; she has to hold her books at a considerable distance from her when engaged in reading. She has a pulling sensation in both eyes, they feel as if pulled outward from the nose, and with a force dragging in the direction of the back of the head. The eyes are very sensitive to the light, and she complains of a vertical pain in the head, which is exacerbated when in the open air. She has often to leave school from a sensation "coming over her, of over-powering giddiness. These symptoms have been increasing for the past few months. Is of a relaxed habit. Ordered conium 3x."

The week following the headache was much less, the appetite better, and the pulling sensation was not complained of. A week later, the headache, vertigo and pulling sensations had quite ceased, and she was less longsighted.

Again, in the tissues of the orbit, conium sets up a low type of inflammation, or rather one of congestion. In Hahnemann's proving, among those symptoms which are perfectly trustworthy, are the following :

"Itching, pricking in the inner canthus, not removed by rubbing.

Smarting in the inner canthus, as if something corrosive had got in ; the eye waters.

Aching in the eye, as from a grain of sand, especially in the forenoon ; the white of the eye is red and inflamed, the tears forced out make the eyelids smart.

Burning on the inner surface of the eyelids."

In the case reported by Dr. Dyce Brown "a profuse flow of tears ran from the eyes, which felt burning, as if salt and water had been put into them."

In that of Dr. Fountain, originally reported by himself in *The American Journal of Medical Sciences* for 1846, and quoted by Imbert-Gourbeyre, half an hour after taking twelve grains of an extract he had prepared from the seeds he felt dazed ; bright specks sparkled and moved rapidly before his eyes so that he had to turn his head in order to follow them.

Van Praag (*Toxicologische-pharmako dynamische, Studien Journal für Pharmakod, Toxicologie und Therapie*, Berlin, 1856), in numerous experiments upon the lower animals, usually found insensibility of the pupil, and consequently blindness. In man he says that he found congestion of the conjunctiva. Dr. Roussel, in a thesis (*de la Grande Aqué et de quelques une de ses préparations*, 1868) says that he observed conjunctival congestion in six dogs, one cat, and four horses. "Injection of the capillary vessels is," he says, "rarely absent, especially in the conjunctiva ; it is sometimes so distinct as to assume the character



of ecchymoses . . . We have observed redness of the conjunctiva two hours after every other symptom has disappeared." His experiments were made with *conicine*.

Among the symptoms characterizing cases in which conium has proved very useful, photophobia has not been especially prominent; but it is not one, so far as I am aware, that has hitherto been remarked in any experiments that have been made with it. Clinical observation has, however, proved that its presence is far from contra-indicating the prescription of it when otherwise called for.

The symptoms I have described as being due to its action upon the tissues of the orbit have led to its successful employment in some cases of ophthalmia, especially, I may almost say exclusively, in scrofulous children, when the glandular system is in a state of irritation.

The late Dr. Carroll Dunham gives the following report of a case of keratitis that came under his care.\*

"A girl of six years of age who had been treated three months for ulcer of the cornea by the application of sulphate of copper, was brought to me in the following condition: The eyes were forcibly closed, the head bent down, and when possible buried in the pillow or the mother's dress to avoid the light. On any attempt to open the lids a copious flow of tears gushed out, and the spasmodic closure was so firm that that I could not get a view of the globe of the eye. If the lids were forcibly separated the eye was rolled upwards so as to hide the cornea. The sclerotic was not deeply colored; the conjunctiva palpebrarum was thick, dark, red and velvety. The edges of the lids were thickened, excoriated and covered with light scabs. I had to accept the statement of my predecessor that there was a deep ulcer on each cornea.

"The general health was good. I gave a dose of conium every night. In a week the photophobia had so far diminished that I could get a view of the cornea. A large but deep ulcer was now visible on the right cornea, a smaller one on the left. Lachrymation was much less: the lids were less inflamed. The conium was continued, but less frequently. In one month from the beginning of the treatment, the photophobia had ceased; the ulcers were healed, leaving a pearly opalescence in the right cornea which, from the observation of other cases, will, I think, disappear within a year or two.

Dr. Harley (op. cit., p. 52) reports the following very similar illustration of the value of conium in keratitis:

"Clara I. L—, æt. eight years, had been the subject of interstitial keratitis, with a vascular zone in the sclerotic, frequent lachrymation, and intense photophobia, for six months, during which time the eyes were closely shaded, and she was led about as one blind. The m. orbicularis and corrugator supercillii were always observed to be in a state of forcible contraction, and, although she was a most patient, obedient and intelligent child, it was impossible to gain a satisfactory view of the cornea."

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\*Homœopathy; the Science of Therapeutics. New York, 1877, p. 452.

Before she had been placed under Dr. Harley's care various measures had been adopted for her relief, but in vain. "My treatment of this case," continues Dr. Harley, "consisted in the administration of large doses of conium, increased from a drachm and a half to six drachms, and given from three to three and a half hours after breakfast, at intervals of a few days. After the third dose—two drachms—there was a manifest improvement; the eyelids, which had been firmly closed for months, were now partially open, and she could see to move about without guidance, and could look down under her shade at a printed paper without corrugation of the orbicularis, and endeavored to make out the largest letters. On the eleventh day, I could, while she was under the influence of the conium, completely explore the cornea without difficulty. Both pupils and all but a small portion of the circumference of the iris were concealed by a dense, bluish-white opacity of the cornea. A few of the bloodvessels of the sclerotic and conjunctiva were turgid, and there was an occasional gush of tears."

At the end of three months, only a slight nebulosity of the cornea remained.

These two cases were pathologically alike. The medicine which cured both was the same. One recovered in a month; the other in three months. Allowing for a possibility of the prejudicial influence of constitutional causes in this difference in time, it seems to me impossible to doubt that the difference in dose had still greater influence. Dr. Dunham's dose was a small one—a sub-physiological one; nay, more, an infinitesimal one. Dr. Harley's was exceedingly large, provoking, as he says, "slight giddiness, weakness under her knees, and laxity of her levator palpebræ and orbicularis." It was a dose which complicated the pathological condition; one which necessitated the establishment of a tolerance of the remedy in the patient ere its full curative power could be exerted. It is precisely such observations as are provided by these two cases that led to the conviction that a homœopathically indicated remedy must, in order to cure without exciting additional disturbance in the first instance, be a small one; small, that is, relatively to the physiological, or, more properly speaking, pathogenetic dose. Now here is what Dr. Harley says: "I cannot too strongly insist on the dogma that to be effectual the physiological effects of the drug must be declared." This is a dogma the truth of which depends upon the physiological relation in which the drug stands to the disease. If this relation is an antipathic one, the dogma in question is sound enough. If you are attempting to cure constipation by a purgative or an aperient, then, no doubt, "the physiological effects of the drug must be declared." If, on the other hand, this relation is homœopathic—if the parts morbidly irritated are those which the drug given has a special proclivity to irritate, the dose of it must be well within



pathogenetic limits; if, that is, you are to cure as speedily and as certainly as it is possible to cure with a remedy of this class. Of this fact, or "dogma," to use Dr. Harley's word, there is no doubt whatever. Experience all over the world has proved it to be true; and it is as true of conium as of every other drug. Hence, when Dr. Harley (op. cit., p. 23) says, that "to give hemlock in doses that fail to produce any appreciable effect upon the motor system, is to give repeatedly the hundredth of a grain of morphia to one dying of sleeplessness," he shows how completely he fails to comprehend or appreciate the conditions that determine the adequate dose of a medicinal agent.

Dr. Dudgeon, in the course of a series of papers on *The Homœopathic Treatment of Diseases of the Eye* (*Brit. Jl. Hom.*, 1848), quotes from a Prussian medical journal the following case, recorded by Dr. Seidel:

"The daughter of a poor woman, aged eleven years, had suffered for three years from scrofulous photophobia, which made her sit during the day in the dark with her eyes bound up, and it was only at night that the bandage could be taken off. Various remedies had been frequently employed without success, when half a drachm of the extract of conium was dissolved in half an ounce of water, of which twelve drops were taken twice a day, the quantity being increased every second day by two drops. Scarcely had she finished the drops, when she was able to go about with her eyes uncovered on dull days. After repeating the remedy she got quite well, and remained so."

Dr. Seidel adds "seven similar cases were cured in the same manner."

On the functions and organs of digestion, *conium* exerts no very marked influence. The appetite is increased by it, but the eructations, heartburn, flatulence and distension which follow its use, indicate that the process of digestion goes on but slowly. Thirst seems to be increased by it. The tongue is dry, stiff, burning or sore. In Dr. Brown's patient, it stuck to the roof of the mouth, while its stiffness and swollen condition go far towards creating that difficulty of speech common in cases of poisoning by it.

Correspondingly, Dr. Bayes (*Applied Homœopathy* p. 85) writes: "Soreness of the tongue, soreness about the root of the tongue, glossitis, swelling of the amygdaloid glands, I have seen speedily cured by conium from the 1st to the 30th.

Both Hahnemann and Lembke notice the frequent occurrence of pains darting and stitch-like in the region of the liver.

In the respiratory organs it is the nerve supply that is affected by conium. Creating irritation and giving rise to cough in the first instance, it may proceed, as in Dr. Brown's case, to apparent suffocation. In this patient the breathing became difficult, "it seems," says the report, "as though something rose into the larynx and threatened to suffocate her; respiration was so difficult and noisy that it could be heard outside the door." The primary irritation is described in the following symptoms from Dr. Lembke's proving, "scraping in the larynx, with irritation to cough, and dry cough in the evening, much scraping and tickling in the larynx with dry cough, frequently during the day. Irritation exciting cough, with dry cough in the morning. Tickling in the larynx with dry cough. Dull pain in the chest and to the left of the sternum suddenly while sitting." The kind of cough met with in practice, in which these symptoms would lead us to prescribe *conium*, is very accurately pictured by Dr. Hirschel (*Brit. Jour. Hom.*, Vol. XXXI, p. 244). It is "periodical, dry; excited by itching, grating, tickling in the throat or behind the sternum; it comes in short bouts, is evoked by lying down, talking and laughing." Dr. Hirschel further regards it as frequently called for towards the end of the nervous step in pertussis, "just when talking and laughing evoke attacks whose violence and duration are already broken up. In nervous bronchial asthma he adds "it has a decided influence and affords amelioration in organic cases."

That conium has a powerfully depressing influence upon some glands, especially upon the mammæ and testicles, has been clearly proved by Professor Imbert-Gourbeyre (*Brit. Jour. Hom.*, Vol. XXXIV, p. 37. *et seq.*). Its ultimate effect hurries the production of atrophy. Professor Benedikt of Breslau, quoted by Dr. Imbert-Gourbeyre, says, "conium acts on the mammary glands in a specific and, as yet, inexplicable manner. In a woman in whom the glands are healthy it produces fugitive darting pains, with a shooting and tearing sensation in the secreting organ." Here you see the primary, irritating, exciting action of the drug. The Professor continues: "After a long course of hemlock the parenchyma of the gland becomes shrivelled and shrunken; in nursing women it diminishes and at length stops the secretion of milk; it does not cure true scirrhus of the breast but on the occurrence of pains caused by hemlock, the tumor instead of increasing appears sometimes to diminish. In ulcerated cancer it only improves the quality of the pus temporarily. It acts very energetically in obstinate lactating enjoyments even if of some standing," (*Bemerkungen über die Krankheiten der Brust und*



*Achseldrusen*. Breslau 1825). Dr. Moritz in the *Medical Press of Vienna* (1871), confirms these observations. *The Cyclopædia of Drug Pathogenesis* contains some striking illustrations of the power of conium to arrest the secretion of milk, and destroy the activity of the gland.

The history of conium as a remedy in cancer of the breast is a very ancient one. But it must be remembered that, at the time when this history was forming,—every hard swelling in the mammary gland was regarded as a cancer. Hence it is probable enough that as Professor Benedikt says it does not cure true scirrhus. But we now and again meet with a hard tumor in the breast, often enough, doubtless mistaken for cancer, which conium most certainly does cure. Of this I have several instances under my own observation. Sir Astley Cooper drew attention to this fact many years ago. In such cases as these he was in the habit of prescribing the extract of conium in combination with blue pill. The addition of blue pill of course somewhat spoiled the purity of the observation, but as I and many others have used conium alone in similar cases with equally good results, I have no doubt that it was the active agent in his—the mercury simply being *de trop*.

Its action on the testicles—first irritating and ultimately wasting them—suggests its use in spermatorrhœa and partial impotence; conditions in which Lobethal—a German homœopathic physician found it to be of great use in young persons.

The best preparation of conium known in medicine is that originally advised by Hahnemann and now introduced in the *British Pharmacopæia*—the *succus conii*. Further, it is a drug which, in most cases where no special idiosyncrasy for it exists, may well be used in comparatively material doses—such as a drop or two drops of the *succus*, repeated every four, six or eight hours. At the same time, it must be remembered that the 3rd, 6th and 12th centesimal dilutions have been followed by excellent results. I think however that there is sufficient evidence to prove that, in this instance at any rate, dilution is not necessary for curative purposes—small doses of the pure drug being perfectly safe and not likely to aggravate.

#### ON THE TREATMENT OF PUERPERAL ECLAMPSIA.

BY PROF. VÆIT, BONN.

(Translated from Volmann's Klin. Vorträge, 304, with Remarks by S. Lillenthal, M. D., San Francisco, Cal.)

At the beginning of my obstetrical practice I made a venesection of 16 to 18 ounces, whenever eclampsia threatened, applied leeches to the

temples, mustard plasters everywhere and gave calomel, cum rad. jalap. When an indigestion was supposed to have been the cause, an emetic preceded the other treatment and we were then taught to hasten labor. Though I had been successful in two cases, Frerich and Litzmann, of Berlin, considered morbus Brightii and ammonoemia the cause of eclampsia, for which benzoic acid, clysmata and sponging with vinegar ought to be the orthodox treatment, but it failed miserably and was abandoned. Chloroform narcosis followed and opium began to be considered a panacea. Experience showed that only a large abstraction on the start can prevent eclampsia and it is doubtful whether our bodies can stand them. The treatment with large doses of opium found great opposition and Collins only spoke a good word for it, when preceded by an emetic. *The soporous and cyanotic state of the patient seemed to be a contra-indication*, but this was the mistake. For the last thirty years or more opium or morphia is my only reliance, I discard the superstitious use of ice on the head and look carefully for any symptom showing a decrease of narcosis so that the doses may be repeated in time. Eclampsia hardly ever lasts longer than twenty-four hours and it is our duty to keep the patient alive during that time. Whenever there is danger in delay, for minutes count here a great deal, chloroform and morphia narcosis may be combined. I start the treatment with a hypodermic of 0.03–0.04 (about half a grain) and follow it soon with another injection of a quarter of a grain. Very often we meet cases where, in from four to seven hours, 0.08–0.10 and 0.12, even 0.20 (three grains) were required. Our only aim must be to produce rapidly a deep narcosis and to keep it up; a new injection is imperative, as soon as the patient shows the slightest muscular action. Small doses of morphia will lead to failures. Dangerous symptoms, as tracheal rattling and stoppage of breathing may appear where in the course of seven or nine hours two grains or more were used, and it may require ether injections to liberate the mucus and to support the breathing, but such are exceptional cases. The foetus bears far better a morphia than a chloroform narcosis and most babes are born alive and doing well. As very often with the birth of the child the eclampsia is at an end, we ought to hasten labor by instruments or otherwise, provided there is no danger to the mother to be feared from it. The emptying of the uterus allows the kidneys to regain their normal activity, and it is a well-known fact, that even a high-graded albuminuria disappears after labor is finished.

Most obstetricians acknowledge that eclamptic convulsions do not retard labor, except sometimes in multiparæ or where there is a narrow



pelvis. But still in such a dangerous complication we must not rely on nature, it is our duty to finish labor as soon as possible. In twin-labor, when the child is in the first position, the extraction is exceedingly easy, and the second child follows rapidly.

Whereas in eclampsia puerperalis the renal affection may yield to our obstetrical measures, we must interfere in eclampsia gravidarum. We lost last year two women with eclampsia puerperalis, where the morbus Brightii had reached a high degree, and though these two cases were the only ones lost in a large practice, the question still arises how to prevent the renal affection from getting the upperhand, and we look to profuse diaphoresis as the indication. Breus and Liebermeister recommend full-baths of 42–45° C., followed by packing in woolen blankets. The cases of Breus prove that this treatment during pregnancy does not produce miscarriage, nor flooding during labor, nor does it inhibit narcosis, and whenever in private practice no obstacles interfere, it ought to be done. Pilocarpine is dangerous in such states, as it not only increases the activity of the skin, but also that of the respiratory organs, and vomiting may lead to cardiac debility and collapse. As during pregnancy we have plenty of time to give *these hot baths*, and they cannot be too highly recommended, let us take time by the forelock and thus prevent the convulsions. But even where labor has already set in with eclampsia we place our full reliance on a thorough morphia narcosis and the diaphoresis through hot baths.

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What a blessing it would be for the world at large, and especially for the medical profession, be they allopaths, so-called homœopaths or members of the I. H. A., if they would learn that the essence of homœopathy, consists in the principle of similarity, and that the infinitesimal dose is only a corollary which allows here and there exceptions and that a large, even a so-called toxic dose may be perfectly homœopathic to the case in hand. When Veit and Buehle, men well known by their labors, assert that of seventy cases they lost only two, and even these on account of severe morbus Brightii, we may find it worth while to follow their treatment and save our patient. The soporous and cyanotic state of the patient is the keynote and we know well that opium produces a soporous and cyanotic state. How well Veit individualizes his narcosis! He does not want a chloroform narcosis, he repudiates injections of hydrate of chloral per anum or hypodermically and insists on morphia pure and simple, with or without

the hot bath and pack according to circumstances. Our own limited experience is certainly in his favor. We witnessed several cases where chloroform and the A. C. E. mixture failed to be of the least benefit, and we saw one woman die undelivered though four physicians were in consultation. Never will I forget the case where in post partum convulsions the father, a celebrated New York physician, gave up all hopes of seeing his daughter recover; in sheer despair I put two grains of morphia in one tumbler and ten grains of quinine in another one; every five minutes I administered alternately a dessert-spoonful and the woman recovered in spite of the bad prognosis of the father and the other physicians, and till we know a better method to battle with this dreadful disease, let us remember Veit and his successful treatment. *Mach's nach, aber mach's recht nach* and do not mind the largeness of the dose.

Farrington, in his "Clinical Materia Medica," teaches us that in opium convulsions the face is dark-red and bloated, and that it is the remedy for sudden effects of emotions; retention of urine is another hint, and the more the case approaches a kind of stupor, the more will opium be the remedy; keeping in mind, how many women dread their approaching confinement, how often they predict even a fatal issue; their nervous system is certainly in a high state of excitement and convulsions follow, too often with the dreaded fatal result. Let us also look at the renal affection, whose origin we also know to be in the brain not only, but close to the convulsive centre, and certainly Veit's treatment to hold down by force this overwrought nervous centre till equilibrium is established, has common sense in its favor and scientific researches give us the clue to its action.

Guernsey, in his *Obstetrics*, page 423, gives the following indications for opium: sopor, with stertorous respiration; the stertorous respiration continues constantly from one spasm to the next and so on; incoherent wandering and convulsive rigidity of the body, with redness, swelling and heat of the face; hot perspiration and insensible pupils; suppression of the pains of labor (too often from a sudden emotional cause), may have been the proximate cause.

Belladonna, gelsemium and veratrum viride are a trio, certainly not to be neglected in the study of that unexpected complication, and we acknowledge our indebtedness to the tincture of gelsemium in a case of uræmic post partum convulsions. It may be probably all wrong to put one remedy and one treatment ahead of all others, but not every physician is a master of our materia medica, and where there is so much danger in delay, especially the young practitioner,



far distant from his alma mater and preceptors, will look more hopeful with a treatment which promises success. The symptoms are so clear, that where we have cold sweat, pale face and partial consciousness, nobody would think of opium. For hysterical and anæmic convulsions, which, though they look dangerous, are not so in reality, we have not only a host of remedies, but time enough to study up the case and select the drug accordingly. The word "convulsion or eclampsia" need not frighten us; but whoever has treated true puerperal eclampsia during labor or post partum, knows the danger and the fatality which attends them. In strict individualization is our only safety.

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#### SIX CASES OF COPPER POISONING.

BY E. H. LINNELL, M. D., NORWICH, CONN.

*Case I.* April 17th, 1886. *Marion O—*, aged 16. For several days has complained of pain in lumbar region, worse at rest, > motion. All last night had fever with severe pain in bowels, and since 2 A. M. has had several loose stools. At 10 A. M., temperature 101°. Complains of headache made worse by every motion. Thirst with dry parched lips. Some pain still in bowels and back. *R* Bry.

April 18th. No fever or headache, menstruation appeared this A. M., one week late, dark and painful. Stools continued profuse and frequent during day yesterday, but has had only two since 3 A. M. Tongue white. Bad taste in mouth. *R* Puls.

April 19th. A good deal of pain all yesterday. Frequent stools, especially from 4 to 8, P. M.—none since 9, P. M. Slight pain in abdomen this A. M. *R* Lyc.

April 20th. Only three stools for last twenty-four hours. Weak temperature, 97°. White tongue. Very restless. Frequent thirst; drinking only a little at a time. *R* Ars.

April 21st. Feels much better. No pain or diarrhoea. Continue ars.

April 23rd. Languid. White tongue. Thirst. Dry lips. No stools for three days. *R* Bry.

April 26th. Gains strength. Again complains of pain in back and shoulders when at rest. > motion. Right shoulder droops a little, and scapula prominent. *R* Rhus.

April 30th. No satisfactory movement of bowels yet. Tired and languid, but less pain. *R* Bry.

May 3rd. Does not gain much strength. Bowels still constipated. *Chin. ars.* 3x and *hydrast.* 1x, gtt.v in half a glass of water in A. M.

May 7th. Improves steadily. Continue *chin. ars.* 3x. Constipation relieved.

Case II. *Lucy O*——, sister of case I. April 21st has felt weak and languid for some time, with backache and pains in limbs, worse at rest. Better by motion. Now has colic, and thin fecal stools relieving pain. *R* Coloc.

April 22nd. Has had 5–6 stools in last twenty-four hours, preceded by griping pains. Stools of bloody mucus, followed by entire relief of pain. This A. M. unsuccessful urging. Continue colocynth. every 2 hours, and take one dose of *nux* 30th A. and M.

April 23rd. No stool for last twenty-four hours. Unsuccessful urging. No pain. Continue *nux* to-day, and then return to *phos. acid*, which she had been taking previous to present attack for frequent dull headaches aggravated by any mental exertion, and for general languor and indisposition for exertion either physical or mental.

April 26th. Improves in strength. Head much clearer and stronger. No stool. Continued *phos. acid*, with an occasional dose of *bry*.

April 31st. Much better. Constipation relieved. *R* *Phos. acid*.

May 7th. Feels better, but complains of heaviness in occiput, and deficient memory. *R* *Gels*.

Case III. May 1st, *Mr. O*——, father of Cases I. and II. Fever and general muscular pains last night. This A. M. four loose stools without much pain, but now has pain in abdomen and slight headache. Tongue white. *R* *Pod*.

May 2d. Frequent stools yesterday, with a good deal of pain and severe headache. Four stools in the night, nearly free from pain this A. M. Head sore, and painful on motion. Stools like frothy molasses. Pain uninfluenced by stools. *R* *Bry.* and *coloc*.

May 3d. No headache or pain. Four stools in last twenty-four hours. Continue *bry.* and *coloc*.

May 4th. No stool since last night and free from pain. Discharged.

Case IV. *Mrs. O*——, wife of Case III. May 3d. Tired out. Aches all over. *R* *Rhus*.

May 4th. Feels much better. Intermittent pain in bowels. Continue *rhus.*, and change to *coloc.* if necessary for pain.

May 6th. Severe gastralgia. Pain like a toothache. No nausea or flatulence, no diarrhœa. *R* *Nux*.



May 7th. Very little pain since yesterday, none this A. M. Continue nux.

May 8th. Free from pain. Gains strength. Continue nux.

May 9th. No pain, but feeling of weakness in stomach with flatulence.  $\mathcal{R}$  Chin. sulph. 1x.

May 11th. Return of gastralgia. Very nervous and despondent. Frequent painless urination.  $\mathcal{R}$  Ign. every two hours; continue chin. sulph. *ter in die*.

May 12th. Improving. Continue medicine.

May 13th. Gains strength slowly. Some flatulence.  $\mathcal{R}$  Chin. ars.

May 27th. No severe pain in bowels, but feels as though it might come on at any time.  $\mathcal{R}$  Cup. 30th, and take coloc. if pain recurs.

May 31st. Improves. Continue cupr. 30th four times daily.

Having in vain examined the sewerage, water supply, milk supply, etc., for a cause of these repeated attacks, I at length requested to see their tea-kettle, which proved to be of copper, heavily coated on the inside with verdigris. I then examined for the first time the gums of the family, and found them all spongy, swollen and bleeding easily. I now felt justified in giving a decided diagnosis of copper poisoning.

*Case V. Miss Marion C—*, sister of Case IV and member of same family, complained of similar colicky pains as characterized the attacks of the other members of the family. Nux was prescribed.

May 14th. Rather less pain. It comes in paroxysms with hot sweat. Bowels tender. Three loose stools.  $\mathcal{R}$  Cupr. 30th.

May 15th. Severe pain, almost constantly, frequent brown watery stools during day yesterday, but none until 5 P. M. Not much pain. this A. M. A good deal of tenesmus after stools.  $\mathcal{R}$  Coloc.

May 16th. Much better. Only two stools for last twenty-four hours, less pain, still frequent ineffectual urging.  $\mathcal{R}$  Coloc. and nux.

May 17th. Continues to improve. Continue medicine.

May 21st. Free from pain in the bowels, but constant pain in the back and legs, which feel "heavy and dead," knees give out on attempting to walk. Is very weak, can only sit up a short time.  $\mathcal{R}$  Cupr. 30th.

May 24th. Thick, slimy, bloody mucus in mouth and throat in the A. M. Continue cupr. 30th.

May 27. Gains strength, less nervous. Much less pain in back and limbs, but has cramps in calves when trying to walk. Gums less spongy and bleed less. Continue cupr. 30th.

May 31st. Improves in strength. No backache. Occasional pain in abdomen, especially when fatigued. No more cramps in calves, but pain in ankles when tired. Continue cupr. 30th every three hours.

*Case VI.* No connection with preceding cases. June 8th, *Mr. G.* for a year or more has had repeated attacks of severe colic and diarrhoea. Has now a good deal of backache. Thinks he strained it in gymnasium.  $\mathcal{R}$  Rhus.

June 14th. Back better. Continue rhus.

July 6th. Slight indigestion. Distress soon after eating. Bowels a little loose.  $\mathcal{R}$  Nux.

July 28th. No appetite, languid.  $\mathcal{R}$  Bry.

Nov. 23d. Last few days again slight attacks of colic, backache and neuralgia, pain in eyes. Cupr. 30th, night and morning.

In this last case a copper tea-kettle, not corroded as in other cases, but containing a fine deposit of metallic copper on the bottom and sides of kettle, was found in constant use. The water contained in the kettle was analyzed by a chemist, and found to contain copper in sufficient quantities to be poisonous. The use of the kettle was given up, cup. 30th continued, and the patient has had no return of colic or backache.

An analysis of these cases gives us the following symptoms :

- 1st. Indisposition for any exertion, either bodily or mental (II.).
- 2nd. Tired out; aches all over (IV.).
- 3rd. Nervous and despondent (IV.).
- 4th. Memory deficient (II.).
- 5th. Debility (I, II, III, IV, V, VI.).
- 6th. Too weak to sit up (V.).
- 7th. Headache (I, II, III, V, VI.). Motion (I, III.). Mental labor (II.). Heaviness in occiput (II.). Head sore (III.).
- 8th. Fever (I, III.).
- 9th. Restless (I.).
- 10th. Sub-normal temperature— $97^{\circ}$ —(I.).
- 11th. Dry, parched lips (I.).
- 12th. Thirst, drinking only a little at a time (I.).
- 13th. Bad taste in mouth (I.).
- 14th. White tongue (I, III.).
- 15th. Gums red, swollen and spongy (I, II, III, IV, V.).
- 16th. Thick, slimy, bloody mucus in mouth and throat (V.).
- 17th. Anorexia (VI.).
- 18th. Weakness in stomach with flatulence (IV.).
- 19th. Distress in stomach soon after eating (IV.).
- 20th. Severe gastralgia, paroxysmal (IV, V.); pain like a toothache (IV.); pain attended with hot sweat (V.).



21st. Colic (I, II, III, IV, V, VI.). Almost constant pain in abdomen; later, occasional pain, especially when fatigued (V.). Bowels tender (V.). Colic relieved by stools (II.). Pain in abdomen not relieved by stool (III.).

22d. Diarrhœa. (I, II, III, IV, V, VI.). Thin fecal (II.). Bloody mucus (II.) like frothy molasses (III.) frequent, brown watery, (V.). Before stool unsuccessful urging, (V.) after stool, tenesmus (V.). Stools at first without much pain (III.).

23d. Constipation (I, II, V.) following diarrhœa.

24th. Unsuccessful urging to stool (II, V.).

25th. Frequent painless urination (IV.).

26th. Pain in back, (I, II, V, VI.) <rest, and > motion. (I, II.). In lumbar region (I.). Back and shoulders (I.). Pain in back constant (V, VI.).

27th. Pain in limbs (II, V.) >rest, < motion (II.).

28th. Legs feel heavy and dead, knees give out on walking (V.).

29th. Cramp in calves when attempting to walk. (V.).

30th. Pain in ankles when tired (V.).

31st. General muscular pains (III.).

32d. Menstruation delayed one week (I.), dark and painful.

I regret that I did not observe these cases more closely, and preserve more detailed reports of them, but I did not realize their true nature until towards the close of the treatment. The main features of all the cases present a striking similarity, and were permanently relieved after removing the cause. All of the individuals have been under my observation since their recovery and none have had any return of the malady. I think, then, we may safely ascribe the symptoms common to all or to the majority of the individuals to the effect of copper. Some of the symptoms occurring in only one or two persons may have been due to some personal idiosyncrasy, or to some other cause, but they have been reported for the sake of completeness. Patients Nos. II. and VI. suffered previously from headaches which were more or less persistent afterwards, and were finally relieved by correcting errors of refraction. No. V. had suffered for years from habitual constipation.

The symptoms observed in all six patients were: *Colic*, sometimes continuous, sometimes paroxysmal; sometimes relieved by stool, and sometimes not. *Diarrhœa* (with exception of No. IV.); stools thin, fecal, brown watery, like frothy molasses; bloody mucus. *Pain in back* (not specially mentioned by No. III.). *Headache*—in two, the pains in back and head were relieved by rest and by motion. *Debility*,

very marked. *Red*, swollen and spongy gums. (In No. VI. the gums were not examined.)

Other symptoms, less prominent, were : fever, with thirst, drinking only a little at a time ; dry, parched lips ; thick, slimy mucus in mouth ; bad taste in mouth ; white tongue, weakness in stomach, flatulence, severe gastralgia ; distress in stomach soon after eating ; anorexia, tenderness of abdomen ; constipation, unsuccessful urging to stool ; pain in limbs ; cramp in calves (this symptom was only mentioned by one patient, but her's was the most severe case of them all, and it was very marked in her case) ; pain in ankles when tired ; legs feel heavy and dead ; nervous, despondent, tired out, aches all over, general muscular pains ; indisposition for bodily or mental exertion.

Since writing the above a similar case has come under my care. The patient—member of a family where a copper tea-kettle was in constant use—has suffered from severe and repeated attacks of colic. The use of the kettle was discontinued. Cuprum, with other indicated remedies, prescribed, and there has been no return of the trouble. The treatment of this case while the kettle was in use was unsatisfactory.

#### PROVINGS OF CHININUM ARSENICOSUM.

BY WILLIAM B. TRITES, M. D.

[Read before the Homœopathic Medical Society of Philadelphia].

The Philadelphia Clinical Society, in November, 1882, had its attention drawn to the *chininum arsenicosum* in a paper written by our president, Dr. Wm. H. Bigler, in which he related some cures of eye affections by this drug. The pathogenesis of the remedy being limited, the society determined to prove it, and the following short paper records the symptoms produced by the drug upon myself and also upon a lady.

Wednesday, November 15th, 1882.—Took about fifteen grains of second decimal trituration of *chininum arsenicosum*, (B. & T.) at 8 o'clock in the evening. Fifteen minutes afterward I noticed a peculiar pain in the lower part of the left lung. It was a dull pain with a sensation of pressure, as though caused by flatulence. The pain would come and then quickly pass away. It returned over and over again.

At 8.30 o'clock took ten grains more of the second decimal.

At 8.40 o'clock took ten grains more and at 9 o'clock another dose of ten grains.

At 10.45 o'clock I felt a sharp stitching pain in the lower part of the right chest in front ; this pain was very persistent and was worse during the act of inspiration.



Thursday, November 16th, 1882.—Passed a good night and at 9.30 took twenty grains of the second decimal.

At 10.30 felt a pain two inches below the umbilicus and one inch to the right. I could cover the pain with the point of my finger; it was a sore, aching pain. It continued only for a few seconds, then it would cease but would reappear again in a few minutes. Position did not seem to exert any influence upon the pain. Also felt a sore, aching pain in the first phalanx of the left thumb, and later the same kind of a pain, but not so severe, in the right thumb.

Had sore, aching pains in the flexors of the left forearm, especially on the radial side near the elbow. The same kind of a pain I also felt in the left leg just below the knee.

2.15 P. M.—Had an aching, tired pain in the biceps of the left arm; this continued for some hours.

2.20 P. M.—Took thirty grains of the same preparation dissolved in about two drachms of water.

2.45 P. M.—Felt an aching pain along the front of the left tibia, the lower two-thirds of the bone.

Had violent, aching pains in the joint of the left great toe, also in the little finger on the left hand; the pain is very severe for a moment and then passes away. Pain of the same character in the region of the left olecranon.

6 P. M.—The palms of my hands feel dry and hot; have a dull confused headache, pain both frontal and occipital. The occipital pain is located at the occipital protuberance. The pains in the joints of my fingers and toes, in the muscles of my arms and legs, combined with the distressing headache, compelled me to suspend the remedy, as I feared the symptoms might be due to a severe cold and not to the drug.

Friday, November 17th, 9 A. M.—I feel better; still have the pains, but not so severely as yesterday. Continued to feel pains for several days, gradually growing less, until they were no longer noticed.

November 29th—I am feeling very well, have none of the symptoms which attended the use of the chin. ars.

At 2.25 P. M. took thirty grains of the second decimal in water.

At 3.15 felt a pain in the back part of the right thigh, of the same sore, aching character as those recorded by me a week ago. I could cover the pain with the point of my finger; it was in the biceps about midway between hip and knee. It lasted only a little while and then passed away, and then again returned.

Had a similar pain in the calf of the leg.

Pain of a severe, aching character in the first joint of the ring finger of the left hand ; very persistent.

4 P. M.—Have a sore, aching pain in the left forearm, in the muscular mass composed of the supinator longus and brevis and flexor longus pollicis.

Pain in the sole of the left foot at the root of the small toe—an aching, sore, fleeting pain.

A dull pain in the left chest, two inches below and one inch to the left of the nipple, breathing does not affect it. It is an aching pain. These aching, fleeting pains continued for a day, attended with a feeling of tiredness, then gradually ceased.

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### A SHORT STUDY OF ARNICA.

BY M. W. VAN DENBURG, M. D., FORT EDWARD, N. Y.

*Arnica montana* ; arnica, leopard's bane, wohlverleit, (Ger. health bestowing) belongs botanically to the great order of compositæ, or compound flowers, as do senecio, erigeron, chamomilla, helonias, and a few others. Although this order is by far the largest botanical group of its kind, it furnishes comparatively few medicinal plants of great value. *Arnica* and chamomilla probably head the list in point of usefulness.

*Arnica montana* is a native of the mountains of central and subarctic Europe. The plant is subarctic in its habitat, creeping high up the snow-capped mountains of the south, growing lower down to the northward, and finally reaching nearly to the sea level still farther north.

Two species of this genus are found in North America. One, *arnica mollis*, inhabits mountains to the northward, being much like its brother *montana* in disposition. The other *arnica nudicaulis* is found in damp pine barrens from Maryland to Florida, having changed the family taste for cool latitudes, and high situations for the opposite trait. So far as I can learn, neither of the American species has been proven.

It is quite probable that *mollis* may show as much affinity to *montana*, as *pulsatilla nuttalliana*, to the European *pulsatilla nigra*. In the latter case, we almost entirely substitute the one for the other, in this country.

Hahnemann preferred a tincture of the root of arnica according to some authorities, but we find Allen giving, "tincture from the whole plant when in flower (Hahnemann)."



C. Hering lays great stress upon using only a tincture of the root. He says : "A great many reports of so-called poisonings have been given in the journals. It is very probable that all these were the result of tincture made from the flowers containing the arnica fly.

Before the bud opens, an insect, the *athrix maculatus*, Meigen, lays its eggs into the torus, or receptacle. The worms hatching, live upon the seed, which does not prevent the development of the flower, but the ripening of the seed. Nearly all flowers in the shops, contain eggs, worms, or the excrements and other remains of the worms, or the pupas, and all this acts similarly to cantharides.

Following the example of Hahnemann we ought to use nothing but the root.

It would be of great importance to have this insect or its eggs and pupas proved, to enable us to separate the symptoms of the flower from those of the insect. All tinctures made from the flowers are very uncertain preparations and are not to be trusted."

Two of the above conclusions are open to objection.

First, in the absence of a proving, that a tincture of this insect, *athrix maculatus*, M., acts, similarly to cantharides. I am not aware that the two insects are closely related, and see no reason to suppose the tincture made from the one should act similarly to the tincture made from the other. The second one is, that we ought to use nothing but the root.

If now we turn to the sources of arnica symptoms admitted to our materia medica, we may class them under the following heads.

- (1.) Hahnemann's personal provings.
- (2.) Hahnemann's symptoms obtained from others.
- (3.) Jörg's provings by himself and his pupils of the infusion of the root.
- (4.) Jörg's provings in the same manner of the infusion of the flowers.
- (5.) Symptoms from allopathic provings of crude doses, not frequently repeated.
- (6.) Other provings from various sources.
- (7.) Poisonings from external use.

Aside from Hahnemann's provings, Jörg's are the most important. Indeed it is more than probable they rank next to Hahnemann's *personal* provings, and before his symptoms from others.

The provings of Jörg were made in both cases with infusions, and the symptoms in either case are so like the other, that no characteristic difference is noticeable. Why then "we ought to use nothing but the root" in applying these Jörg symptoms is not apparent.

It may well be asked, how can we use a *tincture* to apply an infusion symptom, or dilutions from a tincture?

To this I see only one reasonable answer. A tincture of the entire fresh plant is much more likely to contain the whole medicinal virtues than one of only the root, or only of the flowers. To apply what we have, we must have such a tincture, or an infusion of the whole plant.

The origin of the arnica symptoms, it is evident, is not uniform; hence no dogmatic rule can be laid down for preparing the remedy. Working results from the tincture of the whole fresh plant are generally satisfactory, and it is hard to see how those who use exclusively the tincture of the root can reasonably expect better results.

The potencies employed are of wide range, as may be seen from the following summary:

Hughes says: "I must agree with Dr. Bayes, that if we desire to get benefit from arnica in cases of remote injuries, we must ascend to the regions of infinitesimals.

"In all cases of recent affections, arnica may be given in small or fractional doses of the mother tincture."

The same author, quoting from Von Grauvogl, says: "If we give arnica 30x, four or five drops every hour, and apply a compress of the same to the wounds (he was an army surgeon), in from two to five hours at most, the pains will be allayed, and on the following day suppuration will be manifestly diminished.

"Things will go much faster if we give every hour four or five drops of the 1x, and apply compresses of the same over the wounds."

Underwood says: "In lower attenuations arnica is tonic and stimulant, being adapted to depressed states of the system with apathy, to injuries and their consequences, to paralysis of the bladder, to rheumatism and rheumatic gout, mania, and melancholia. In the higher potencies, it is curative in nausea and vomiting, with disgust for food; in diarrhoea and dysentery.

Arnica 3x, has repeatedly given me good results in the diarrhoea of teething children with brown, arnica stools, hot head and cool body. Hence I infer that high and low potencies act much alike in bowel complaints.

Some statistics collected by myself during the past year are interesting on this point. Twenty reports were taken at random as a basis.

Five of these give no reply to the potencies used, leaving fifteen as a basis.

Seven of the fifteen use arnica below the 6x, and five out of the



seven below the 3x. Seven use arnica from  $\Phi$  to 30x and upwards, six from 30c upwards to "cm." in two cases.

One uses only high potency, and he gives the "m" as his standard.

It would seem from this, that about half of our men never use arnica in high potency at all, and only a very small percentage, never use the low potencies.

Again, as regards the tincture of the root compared with that of the whole plant.

One out of the twenty uses the root only. Three use both preparations.

Sixteen use only arnica montana, by which is meant the tincture of the whole fresh plant.

Or, 80 per cent. use the tincture of the whole plant; 5 per cent. the root only; 20 per cent. use both. It is probable that a larger number might vary this somewhat. The reports used embrace seven medical college professors, and thirteen practitioners from twelve different States.

As regards the comparative esteem with which arnica is held, two do not mention the rank.

Eight out of eighteen give it first rank; six give it a second place; three the third, and one the fourth.

From this it is easily seen that arnica holds an important place in our materia medica.

If now we turn to pure symptoms, we shall find only a few that are worthy to be called leading and characteristic.

Their value is approximately shown by the following order of precedence:

Head hot, body cool, at least not hot.\*

\*Other drugs having head hot and body cold, at least not hot, are:

*Aurum met.*, heat only in face, hands and feet cold.

*Belladonna*, heat of head with coldness of the limbs.

*Bryonia*, head hot, cheeks red, thirst and chilliness.

*Cinchona*, heat of face, congestion to head, body cold, hands and feet icy cold.

*Helleborus*, head hot, heavy; bores it into pillow, chilly, fingers cold.

*Manganum acet.*, heat of head, shaking chill, stinging in forehead, continuing after chill.

*Nitric ac.*, heat on hands and face.

*Nux v.*, heat of face, chilly; worse moving and drinking.

*Phos.*, face and hands hot; heat begins in hands.

*Phytolacca dec.*, head and face hot; limbs icy cold.

*Arnica mont.*, has head alone, or face alone, hot; body cold; hands cool; great thirst before and during chill, less during heat, little or none during sweat; chill worse from moving or uncovering.

A bruised feeling all over, the head lies very hard. (With severe pain in the small of the back (*bap.*).

A paralytic feeling all over; feels weak, tired, as if he could not stir.

The affected parts are very sore to pressure. The pains are pressive, as from a weight, and accompanied by stitches.

I will venture to assert, that where the first named symptoms is present, and any fair resemblance can be traced in arnica to the remainder of the symptoms, it will relieve in the majority of cases, if not effect a complete cure.

Arnica is incompatible with *acetic acid*, *hydrophobium* (*lyssin*), and the use of wine; hence it is never to be given after the bites of rabid animals, nor where wine is used as a stimulant during the sickness.

It follows *aconite* especially well and has been alternated successfully with *aconite* and with *rhus tox.*

*Ipecac* precedes arnica well, follows it well and is an antidote to it.

*Coffea* removes arnica headache.

The cases of arnica poisonings reported from external application are to be taken *cum grano salis*. They probably occur only in cases extremely susceptible to the drug, such as are very exceptionally met in practice. Nevertheless it is well not entirely to forget them. It is also more than probable that a 1<sup>x</sup> dilution acts much better than the strong tincture in all cases, and as already indicated, the dilution may be often carried much higher, for external use, with better results. Compresses wrung out of hot water and saturated with tinct. arnica oi, water j are excellent in reducing trauma, as I have repeatedly proven.

The sphere of this remedy is not very extensive, and is pretty clearly defined. Upon healthy tissues it acts as a mild irritant, producing low cachectic states, and hence it is a depressant.

Upon the cerebro-spinal system it acts as a paralyser of a mild type. Formication, weakness, lassitude and weariness are its chief characteristics. In paralysis of the sphincters, it is especially useful. It is, however, in the joint relationship of the muscular and circulatory systems, that arnica is most potent. "Arnica effects the blood-vessels, particularly the capillaries; so that dilatation of the smaller blood-vessels and extravasation of blood becomes possible. This explains the application of arnica to trauma; it also explains its action in typhoid conditions." (Farrington.)

The principal rivals of arnica in its tissue effects are thus summed up by the same author.



"*Rhus Tox* is preferable where the ligaments are involved.

*Calendula* in torn and ragged wounds.

*Hypericum* in bruised nerves, and in spinal concussion.

*Staphisagra* in clean cut wounds.

*Ledum* in punctured wounds, and in cases of soreness that arnica fails to relieve.

*Symphytum* to hasten repair of bone injuries."

As already hinted, the great field of arnica's laurels is traumatic injuries to the various tissues. Suggillations are its peculiar sphere. Here it prevents suppuration, inducing rather a healthful, vital reaction, and an early return to the normal conditions. Some of the cases of arnica, upon the remote effects of traumatic injuries, verge on the wonderful. They seem to be closely connected with the nervous system, and the stimulation of the vital energy. Perhaps this is about as near as we can come to describing the effects of arnica in such cases, an explanation that is chiefly conspicuous for what it does not explain.

In its action upon the respiratory system arnica is useful in the sluggish capillary action, hence in the revolution of pneumonic exudations and infiltrations.

In similar states of the mucous tissues, even in the case of purulent exudations upon the surface of the urinary tract, and in the digestive tract, it acts well. There is however sooner or later present in such cases an exudation of blood globules, or even hemorrhage mixed with the pus and mucus illustrating again its peculiar action upon the capillaris.

If we failed to note a combined result of tissue, circulatory and nervous systems over which arnica is master, we would lose much. Here it is an inflammatory state, with great tenderness to pressure; *soreness* in a word, that is the main characteristic. This soreness may be confined to a small part of the organism, may be swollen much or little, but is so extremely sore that the patient is constantly afraid of being hurt, even when the danger is slight. He fears that everybody who comes near him is going to strike against the cherished spot.

When this soreness is general, it keeps the patient constantly trying to find a softer place, and as constantly failing.

This is the peculiarity of arnica restlessness, and it has only one or two rivals. *Baptisia* is the closest. *Baptisia* has the same sore feeling all over, the same languor and the desire to lie down, with great prostration and restlessness; *baptisia* falls asleep while answering a question, arnica rouses to answer correctly, and at once relapses into stupor, or arnica forgets the word he wants while answering—too fine

a distinction to use successfully—baptisia feels scattered about the bed, a symptom rarely met in practice, not nearly so often as cases suitable for baptisia. Arnica is confused. To both the bed feels hard, no matter how soft it may be, but while arnica is sore all over, the back and limbs feeling as if they had been beaten, baptisia similarly sore, has its worse distress in the lower part of the back and sacrum; *feels as if lying on a board*. It is this concentration of pain in the sacrum that has most successfully separated the two drugs in my experience. The diarrhœa and dysentery have much similarity, but the several pains will differentiate the remedies. In many more respects arnica and baptisia might be profitably compared and will amply repay the study and comparison.

*Rhus tox.* has the soreness confined more to the fibrous tissues, the vicinity of the joints. *Rhus tox* is restless, but is markedly better from moving, while arnica hurts almost as bad to move as to lie still; the arnica patient hurts so he don't know what to do with himself, while the *rhus tox.* patient knows that as soon as he moves he will "limber up" and feel better. This differentiates the two remedies at their closest point of resemblance. The *bryonia* soreness is too different to need comparison; so is *actea rac.*, confined as it usually is to only a few large muscles, and affecting mainly the middle of the muscle.

*Arsenicum* restlessness has its origin in fever and prostration more than soreness, and the hardness of the bed; it is also worse at nights. The more carefully one studies arnica, the more will he become convinced that it is unique to a degree that establishes its individuality strongly and clearly.

## MYDRIASIS FROM THE USE OF BELLADONNA PLASTERS.

BY HORACE F. IVINS, M. D., PHILADELPHIA.

[Read before the Philadelphia Medical Club.]

My attention has been so frequently called to the influence, upon the eye, of belladonna plasters, particularly when placed upon the chest, that I have concluded to recite their action as occurring in a little boy who was brought to me for a sudden loss of vision. Although other cases have been observed, I select this one as it is apparently characteristic and unmistakable in its nature.

Master——æt. 9½ years, called with his mother, on the afternoon of February 17th, 1888. The mother, an old patient, said that her son had seen perfectly, so far as she knew, until that morning, when he was unable "to read a word." As he is a good reader and had



been reading, as usual, the night before, she was at a loss to explain the cause of the trouble until, while waiting in my reception room, she thought of the plasters which she had been using on the boy's chest—one anteriorly and one posteriorly—since January 1st. A fresh set had been applied the night preceding the visit. She immediately examined the eyes and found the pupils well dilated.

This discovery, on her part, no doubt saved me some difficulty in fathoming the cause of the visual defect.

He said there was no headache except as the result of a fall which he had received a few days before. These headaches, it was stated, always resulted from any jar he received, owing to a weak, flabby musculo-ligamentous system and a nervous temperament with irritable spine; but no effect had ever been produced upon the eyes from such a fall. The left side of the body has always been stronger than the right.

He had occasionally complained of pain in the eyes after reading steadily for a number of hours, but the complaint was so rare that nothing was thought of it, rather believing that it arose from too close applications to reading at the expense of fresh air and exercise.

The boy, upon his visit, said there was no pain in the eyes, but that he was annoyed by the bright lights and was unable to read, although he could see well at a distance.

Upon examination I could elicit no systemic symptoms, but found the pupils inactive and fully dilated—if one may be allowed to judge from the very narrow band of iris which remained. There was no conjunctival irritation.

He was unable to read at any distance letters smaller than those which are graded for thirty feet. Jæger's No. 16, scarcely showing upon the white paper, as a blur even, but upon placing a convex  $\frac{1}{16}$  spherical lens before his eyes he was enabled to read Jæger's No. 3 at ten inches.

His distant vision was also much affected and equalled  $\frac{2}{500}$  in each eye, or with both together. A convex spherical lens of twenty-inch focus increased the vision so that he could see  $\frac{3}{80}$  with the right, and a convex eighteen gave a vision of  $\frac{2}{40}$  with the left eye.

Not being satisfied with this amount of vision, I corrected the astigmatism which was present and obtained the following results, viz:—R.  $\frac{2}{80}$  — ) with  $+\frac{1}{16}$  cyl. ax.  $90^\circ$   $\subset$   $+\frac{1}{16}$  s. — L.  $\frac{3}{80}$  + ) with  $+\frac{1}{16}$  cyl. ax.  $90^\circ$   $\subset$   $+\frac{1}{16}$  s.

The ophthalmoscope showed an hypermetropia of 2 D. in each eye. There was a marked parallax with a slight venous pulsation in each eye.

I requested the mother to remove the plasters as soon as she reached home, to wash and wipe the chest thoroughly, and to place a piece of flannel where the plasters had been, in order to prevent any chilling of the parts.

Gelsemium sempervirens—fluid extract—on pellets was ordered to be taken internally, every two hours, and a solution of eserine sulphate—gr. i. ad  $\mathfrak{z}$ i.—was instilled into the conjunctival sac.

On the following afternoon the boy told me that he had been able to read all day, and that the light was less annoying. The plaster had been removed and the medicine taken as directed. His pupils were much smaller and he was able with much effort to decipher Jæger No. 1, at about one foot. His distant vision equalled O. D.,  $\frac{2}{30}$ : O. S.,  $\frac{2}{30}$ : O. U.,  $\frac{2}{30}$ . The eserine was again used and the gelsem. continued.

Three days after his first visit my little patient was able to read J. No. 1 readily from 6 to  $10\frac{1}{2}$  inches; the right eye being rather the clearer. The pupils were apparently normal. His distant vision was  $\frac{2}{30}$  O.D. ( $\frac{2}{30}$  +) O.S., and  $\frac{2}{30}$  O.U.

As he appeared to be in a natural visual condition at this visit, it was deemed advisable to prescribe lenses for him. At first a pair of cylinders, of the strength already mentioned, were combined with weak spheres, but the combination reduced his distant vision to  $\frac{2}{30}$ . The cylinders were then tried without the spheres, with only little better results. Next an effort was made to adjust spherical lenses, when +  $\frac{1}{30}$  gave a satisfactory result, neither improving nor diminishing his  $\frac{2}{30}$  distant vision, and giving a little sharper outline to objects situated near to him.

He was requested to get the +  $\frac{1}{30}$  sph. lenses (which when secured were found to be correct), and then to wear them for near work. The eserine and gelsemium were not again used.

On the 6th of March, Master ——— reported that he was using his glasses as requested, and could see better with than without them. Vision equalled J. No. 1, from  $4\frac{1}{2}$  to 14 inches, either with or without the lenses, but there was less effort with them. The right was rather the better eye. At a distance each eye, unaided, saw  $\frac{2}{30}$ ; and with the lenses,  $\frac{2}{30}$ .

It would seem that little doubt could exist as to the cause of this sudden and complete accommodative failure. Other causes than the plasters were sought, but not found. There was no doubt of the thorough mydriatic effect, the paralysis being greater than that obtained—except in rare cases—from the long-continued instillations of



atropine sulphate. The pupils were widely dilated and motionless. The ophthalmoscope showed no irregular accommodative action, while the use of strong convex lenses enabled him to read a book placed near to him, and the compound lenses gave him very fair distant vision.

The especially peculiar part of the case is the rapidity of the almost complete recovery of the muscular action. At 4.30 P. M., the boy could read nothing smaller, unaided, than No. 30, and yet the next morning he was able to go to school and read ordinary type. At 2.30 P. M., he could decipher J. No. 1.

Homatropin, even, and mydriatics of its class, do not lose their effects so speedily as was here noted, and it is *rare* for atropine to cease to act in less than seven days.

It may be said that the eserine had the effect of antidoting the belladonna, but it was used only once (in the first twenty-four hours), at about 4.30 P. M., and the effect of that application would have been counteracted by atropine in a very few hours at most. Therefore it would seem but justifiable to exclude the action of the eserine, in so far as the second day's effects were concerned. Gelsemium certainly has an antidotal effect upon belladonna; but I have given it repeatedly—in other instances—during the use of mydriatics, and have not noticed any lessening of the local action of the drugs.

#### **The Effect of Antipyrin upon the Kidneys.**

The *Medical Press* states that at the Société de Thérapeutique M. Huchard recently resumed the discussion on certain indications and counter-indications of antipyrin. If the drug gives incontestable satisfaction in many cases there are others where it should be employed with precaution, and even rejected entirely. In facial neuralgia, migraine, sciatica, etc., antipyrin is generally very valuable, but it has been proved by recent researches that the quantity of urine is notably diminished under its administration, consequently its counter-indication is evident in certain maladies of the kidneys, and in those affections in which some renal mischief is observed as a concomitant symptom. Again, if in the neuralgic form of angina pectoris, observed in nervous and hysterical persons, antipyrin eases the pain, it would be dangerous, on the contrary, to give it in angina with stenosis of the coronary arteries, collapse of the heart might be the result. However, there is one affection which seems to be greatly benefited by the treatment with antipyrin, and that is polyuria. He had actually under observation a woman who was suffering from meningo-myelitis, consecutive to an attack of typhoid fever. This woman drank very large quantities of liquid, so that the urine passed in twenty-four hours exceeded twenty quarts! Antipyrin was given in progressive doses up to two drachms in the twenty-four hours, and the result was a rapid decrease in the amount of urine, until three quarts daily were reached. If he had been so fortunate in this case, M. Huchard said, that he had no doubt that his success depended on the fact that his patient was of a very nervous and excitable temperament, with exaggerated reflexes and shooting pains down the vertebral column and along the limbs. The kidneys were in no wise affected.—*Medical News*, April 7, 1888.

## PROCEEDINGS OF SOCIETIES.

### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, on Wednesday, April 11th, 1888. The meeting was called to order at 11 A. M. by the vice-president, J. W. Hayward, M. D., of Taunton. After approval of the records of the semi-annual, special, and executive committee meetings, four new members were elected. The Treasurer's report, showing a handsome balance in the treasury, was then read and approved.

The Committee on Clinical Medicine presented the following papers which were read :

1. Clinical Observations on the Effects of Londonderry Lithia Water, by L. A. Phillips, M. D., Boston.

2. Clinical Cases. 1. Spinal Irritation ; 2. Ovarian Tumor ; 3. Abdominal Hyperæsthesia, by F. A. Warner, M. D., Lowell.

DR. LANGER spoke of the good results which followed the use of lithia water when he himself was a sufferer from rheumatism and neuralgia. Referring to the case of spinal irritation, he asked Dr. Warner why he considered irritation of the vagina as the *prima causa*. In his practice he considered such cases to have their origin in spinal disturbance, and the other troubles as sequelæ.

DR. WARNER said the original trouble appeared before any spinal symptoms were noticed, and for that reason he considered vaginal irritation the cause of her sufferings.

DR. A. J. FRENCH cited the following case as illustrating the law of reflex action : A young man, age 30, fell on stone step, striking upon the sacral portion of the spine. He was disabled and confined to the bed, having no pain at the seat of the injury, but most severe pain in cervical and dorsal regions and around the chest.

DR. J. HEBER SMITH said *actea racemosa*, which Dr. Warner had used so successfully in his case of spinal irritation, was a favorite remedy with him in such cases. Its marked effect upon the base of the brain, and the reproductive sphere, rendered it invaluable in all such cases. Stitch-like pain under the left mamma he considered a reflex symptom, but one of much value.



DR. H. K. BENNETT said he had no confidence in the exhibition of remedies for the cure of ovarian tumors. He knew of but one test for the presence of ovarian tumors, and that is exploratory incision.

DR. E. P. COLBY spoke of a case of supposed ovarian tumor, so diagnosed by several reputable surgeons, which disappeared under ether, given preparatory to an operation. After the patient had recovered from the effects of the anæsthetic the tumor again appeared, but was finally dissipated by "moral forces."

DR. G. R. SOUTHWICK plead for an early operation where the diagnosis is clear, as the adhesions are much less at this time. Cysts are not necessarily ovarian, and may disappear spontaneously.

Dr. G. R. Southwick, Chairman of the Bureau of Obstetrics, presented the following interesting papers :

1. Case of Locked Twins, by S. H. Blodgett, M.D., Boston.
2. Treatment of Convulsions during Pregnancy, by G. R. Southwick, M.D., Boston.
3. Management of Posterior Position of Occiput in Cranial Presentations with Ineffectual Pain, by Walter Wesselhœft, M.D., Cambridge.
4. Clinical Cases, by Thomas Dolan, M.D., Boston.

DR. B. T. CHURCH said he could not agree with Dr. Southwick in advising interference with pregnancy at the seventh month, even if vision is disturbed. He believes in *milk diet* for such cases. He cited two cases recently under his care which exemplified the value of this treatment.

Case I. Primipara seven months pregnant; vision greatly impaired, cannot read the paper or distinguish faces; great mental apathy; urine, one and one-half pints in twenty-four hours, albumen and casts. Under milk diet, urine increased, dropsy lessened, and confinement was without convulsions.

Case II. Pluripara six months pregnant; vision much impaired; urine albuminous and scanty, containing renal and epithelial casts. Under milk diet exclusively labor was normal.

DR. H. K. BENNETT spoke of the necessity of ophthalmoscopic examination to ascertain the form of retinitis present; if simple albuminuric retinitis interference with pregnancy is not imperative. If hemorrhagic artificial production of labor is demanded.

DR. J. HEBER SMITH mentioned the usefulness of the Turkish bath as a means of cure in albuminuria of pregnancy.

DR. W. B. CHAMBERLAIN spoke of the hot air bath as a most efficient aid in these cases.

DR. F. D. LESLIE, of Canton, chairman of the Bureau of Pædology, presented the following interesting papers, only two of which were read :

1. Milk as a Diet for Infants, by Freeland D. Leslie, M. D.
  2. Patent Foods, by Geo. E. Percy, M. D., Salem.
  3. Infant Diet in Disease, by B. T. Church, M. D., Winchester.
  4. Tuberculous Meningitis and Illustrative Cases, by W. W. Stone, M. D., Providence, R. I.
  5. Some Points on Dressing Infants, by J. J. Shaw, M. D., Plymouth.
- At three P. M. an adjournment was made to Hotel Thorndyke.

#### AFTERNOON SESSION.

Owing to the lateness of the hour the Bureau of Pædology was dismissed after reading the paper by J. J. Shaw, M. D., the others being read by title.

Committee on Nervous Diseases.—Dr. N. Emmons Paine, of Westborough, presented, as Chairman of the Bureau of Nervous Diseases the following list :

1. A Case of Poliomyelitis, by E. P. Colby, M. D., Boston.
2. A Case of Melancholia, by Geo. S. Adams, M. D., Westborough.
3. Hæmatoma Auris, by Amos J. Givens, M. D., Westborough.
4. A Case of Epilepsy, by Geo. O. Welch, M. D., Westborough.
5. A Case of Aphasia, by N. Emmons Paine, M. D.

The annual election of officers was then held and resulted as follows : President, Joseph W. Hayward, M. D., Taunton ; Vice-president, James Hedenberg, M. D., Medford, James A. Haughton, M. D., Charleston ; Corresponding Secretary, J. Wilkinson Clapp, M. D. Brookline ; Recording Secretary, Frank C. Richardson, M. D., Boston ; Treasurer, Herbert C. Clapp, M. D., Boston ; Librarian, A. J. Baker, M. D., Boston ; Censors, H. P. Hemenway, M. D., Somerville, Walter Wesselhœft, M. D., Cambridge, E. P. Colby, M. D., Boston, A. J. French, M. D., Lowell, J. P. Sutherland, M. D., Boston.

The Society then adjourned.

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#### HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA.

After the Society transacted the usual preliminary business, Dr. Wm. B. Trites read a paper entitled,

"A PROVING OF CHINININUM ARSENICOSUM."

(See page 281 of present number.)

DR. CHARLES MOHR asked if the members of the society had had any opportunity of proving chininum arsenicosum or whether any of them had had any clinical experience which would show its applica-



bility to malarial difficulties, to rheumatism, or to lung troubles particularly to that form of lung trouble known as catarrhal phthisis. He himself had taken considerable interest in the drug; during the past year he had made a dozen or more provings of it. These he could not present to the Society because they had been promised to the American Institute of Homœopathy. Many of the symptoms which Dr. Trites experienced were verified in the speaker's provings, which were conducted with even larger doses in some cases, than were taken by Dr. Trites. Higher dilutions were also used. Provings from each of the preparations, confirm the observations of Dr. Trites. He would call the attention of the Society to the possibility of the remedy being useful in catarrhal phthisis. Provers had pains in the chest and in two cases, muco-purulent expectoration was developed.

DR. H. E. KISTLER said that when in the dispensary service, he had seen a case diagnosed as acute tubercular phthisis for which Dr. W. C. Goodno prescribed chininum arsenicosum with good effect. He did not know the exact symptoms of the case, but he thought that the patient had high fever such as to make the man think he had pneumonia. Possibly Dr. Snader might remember the particulars of the case.

DR. E. R. SNADER said that the patient in question was an exceedingly stout man who came to the dispensary complaining of what he called malaria. On instituting investigation of the chest, Dr. Snader found evidence of solidification of the apex of the right lung. The patient's temperature was taken at frequent intervals. It was found that it was always highest in the middle of the day, often as high as 103°. He had irregularly recurring chills. He was emaciating rapidly. Chininum arsenicosum was prescribed and the patient improved. The case was diagnosed one of acute pulmonary tuberculosis. Dr. Snader in closing his remarks said that he had used the drug empirically in bronchitis with good effect. He gave two grains of the second decimal trituration three times daily.

DR. W. H. BIGLER said that he had been led to the use of the drug in some cases of eye trouble almost by accident. He had found that arsenic had done much service in certain corneal troubles of children, and in which the condition of the patient was such as to seem to require a tonic. So with fearful empiricism he had adopted the chininum arsenicosum, and found that it worked very well, especially in cases in which there was marked aggravation about one or two o'clock in the morning, at which time the patient would wake with severe pain.

DR. HORACE F. IVINS said that he had used chininum arsenicosum in cases of ulceration of the cornea, the chief indication being a central white spot on the cornea in children who are nervous and fretful, with more or less prostration, and especially with acrid discharge from the nose. In two or three instances he had used the drug in patients suffering from prostration or cough. The chief symptom on which he prescribed it was prostration coming with cold perspiration, which might break out at any time of the day.

DR. BIGLER asked Dr. Ivins if the location of the ulcer in the centre of the cornea should be regarded as an indication for chininum arsenicosum.

DR. IVINS stated that ulcers on the edge of the cornea did not seem to heal so readily under the influence of that drug as those centrally located.

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## HOSPITAL REPORTS.

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### HAHNEMANN HOSPITAL OF PHILADELPHIA.

#### A CASE OF ACUTE VESICO-URETO-RENAL TUBERCULOSIS, IN THE SERVICE OF PROFESSOR C. M. THOMAS, M. D.

REPORTED BY DR. T. L. MACDONALD, RESIDENT PHYSICIAN.

Mr. B., an American, æt 32, married and father of three children, was admitted February 4th, 1888.

*History.* His mother died of phthisis. He was well up to last July, when, while acting as night watchman he was exposed in a rainstorm and suddenly attacked with violent and constant urging to urinate. His condition improved the next day and he continued his work till September, when the same symptoms recurred gradually and continued unceasingly, accompanied by rapid emaciation. Occasionally night sweats were noticed.

*Condition on admission.* No appetite; weak and trembling; constant and painful desire to pass urine, the pain being greatest at completion of the act. The urine contained great quantities of pus and emitted an odor of putrefaction. The total quantity in twenty-four hours was about thirty-six ounces; specific gravity, 1016; alkaline in reaction and albuminous with diminished urea. The sound, passed into bladder, gave a sensation as though the walls were roughened and thick. The patient slept but a few minutes at a time on account of the vesical tenesmus. He was constipated and



suffered from backache and violent frontal headache. The temperature was  $101^{\circ}$ ; the pulse 94, rapid and feeble. His condition became markedly aggravated and despite numerous consultants and various physical examinations of thoracic and abdominal organs, nothing could be discovered to account for the symptoms. The temperature finally became erratic and ranging from normal to  $101^{\circ}$ , the pulse feeble, thready and varying from 60 to 150.

*Treatment.* The bladder was washed frequently with boric acid solution; bovine, milk and later, whiskey, formed the chief articles of diet. Chin. ars.<sup>3x</sup> was administered internally. Perineal section for relief of the frequent urination was contemplated, but he became too feeble, and the catheter was used and finally tied in and the urine allowed to drain into a receptacle beside the bed. This afforded him considerable relief.

Soon the thirst became excessive, the tongue furred and brown, the abdomen tympanitic; strabismus of left eye supervened, with delirium and continual rambling speech, followed by coma.

*Post Mortem*, by Dr. W. B. Van Lennep, before the class, revealed universal congestion and oedema of brain and membranes, with effusion into arachnoid and ventricles; numerous minute miliary tubercles along the vessels in both Sylvian fissures.

*Abdomen.* Enormous distension of small intestines with gas; the peritoneum normal; the mesenteric glands large, cheesy, and occasionally calcareous.

*Pleura.* Normal, save at the apices, which showed old and organized adhesions.

*Lungs.* Oedematous, and congested hypostatically. Each apex contained one large and several small caseous masses, encapsuled and surrounded by cicatricial tissue.

*Heart.* Contained a few post-mortem clots. The left side had undergone fatty metamorphosis to some extent.

*Liver.* Normal in size, but also showed fatty change in two or three spots.

*Left Kidney.* Large and pale, with capsule adherent in spots, showing beginning interstitial inflammation and contraction.

*Right Kidney.* Almost three times its normal size, and firmly held down by cicatricial tissue. Section discovered the second upper pyramid to be almost filled by a caseous lesion, surrounded by a firm, fibrous capsule. The mass was dry, with some lime deposits. The remainder of the kidney was filled with tubercles, varying in size from a pin point to a pea, and in different stages of destruction. The

pelvis and ureter were much enlarged, the walls thickened and the mucosa covered with tubercles which infiltrated the walls.

*Bladder.* This was found in similar condition, and contained the same stinking, cheesy fluid as the pelvis and ureter. Neither stone nor phosphatic plaques were found.

*Diagnosis.* Chronic tubercular lesion (healed and encapsuled), in apices of lungs, in the mesenteric glands, and in the upper portion of the right kidney ; with acute miliary tuberculosis of bladder and right ureter. Also tubercular pyelo-nephritis, probably resulting from exposure, and beginning in the old kidney lesion. And last to develop was the tubercular meningitis with effusion.

*Remarks.* It is hoped that the publication of this case is justifiable, on account of the comparative rarity of such ; the apparent suddenness of development and rapid progress, and above all, the difficulty in diagnosis, because of the absence of widespread symptoms of tuberculosis in other organs, which would ordinarily be looked for and found. The microscope rendered invaluable diagnostic service, but in this case the diagnosis antedated the search for tubercle bacilli in the sediment of the urine.

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#### Naphthalin.

Dr. F. F. Laird gives his experience in the use of this remedy. He finds it especially useful in diseases of the respiratory and urinary organs. In hay fever, it almost never fails. While it seems to benefit all cases of this disorder, it is especially adapted to patients who have more or less asthmatic symptoms. He describes two cases of hay-fever in which he used the remedy. In one case naphthalin,<sup>2x</sup> one tablet three times a day, was given prior to the time for an attack. For the first time in nineteen years, the patient went without his hay-fever. In the other case, naphthalin<sup>2x</sup> was administered during the attack, and in twenty-four hours the patient was free from his trouble. In cases presenting marked tumefaction of the eyelids and nose with very excoriating lachrymation and coryza, naphthalin cerate locally is a valuable adjunct to the treatment; while in the marked irritability of the throat and in the asthma, the application of a two per cent. spray will be found very useful.

Dr. Laird has also found naphthalin useful in the bronchitis of old people, characterized by the markedly spasmodic nature of the cough, which is mostly attended by rattling in the bronchial tubes with difficult or absent expectoration. This characteristic cough is often associated with an old fibroid lung. Gratifying results will here be obtained from the persistent use of naphthalin.<sup>2x</sup> It will not, of course, clear up the lung, but it will control the racking cough better than any other remedy. Naphthalin also benefits a large proportion of the cases of whooping cough.

In diseases of the urinary organs, Dr. Laird has given naphthalin with success. He has cured with it three cases of gleet. In one case of cysto-pyelo-nephritis, it produced a verdigris-green seborrhœa of the scrotum, so thick as to be easily scraped off with a knife.—*N. Am. Journ. of Hom.*, March, 1888.



## EDITORIAL DEPARTMENT.

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All communications to this Journal must be contributed to it exclusively. The editors rely on all contributors conforming strictly to this rule. Rejected manuscript will be returned to the author.

Reprints or copies of the Journal containing their article will be gladly furnished writers if a request for the same is sent with the manuscript.

The editors are responsible for the maintenance of the dignity and courtesy of the Journal, but *not* for the opinions expressed by contributors. No discourteous or anonymous communications will be recognized.

All exchanges, books for review, and all communications should be addressed to, and all checks and money orders drawn to the order of the **Hahnemannian Monthly**, 1506 Girard Avenue, Philadelphia.

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### SALUTATORY.

As already announced, the management of the **HAHNEMANNIAN** passes into new hands with this number. After eight years of hard work, Dr. Dudley retires from the position he has so ably and so gracefully filled. Our best wishes go with him in his new fields of labor, and we are glad to feel assured of his interest, his counsel and his literary assistance.

While we do not believe in protestations and promises, but beg to be judged by our works, there are certain points for which we shall most earnestly aspire.

The **HAHNEMANNIAN** must be devoted to the interests of medical science in its every aspect, but just as in receiving our degree of Doctor of Medicine, we had conferred upon us the additional title of Doctor of Homœopathic Medicine, so, in addition and preeminently, must this be a journal devoted to the interests of homœopathy.

Futhermore, inspired by the name of our journal and the memory of our predecessors, our policy must be liberal, dignified, courteous, charitable; discussions in the interests of science and progress, research and investigation must be courted, but above all things, the pages of this journal must not be an arena for quarrels and bickerings prompted by personal spite or jealousy; nor give expression to the spirit of intolerance toward honest differences of opinion which crucified Christ, burned the martyrs, and is at the bottom of almost all human strife; which arms with bigoted injustice and pharisaic egotism one portion of the noblest of professions against another, and even antagonizes some of the brightest intellects in our school.

Our original articles must be, as far as possible, of a high standard, true to their name and practically useful, and we must, to this end, keep a critical watch over the same without favoritism or fear of offence.

While we remember with pride Philadelphia's reputation as a medical centre, we cannot forget that, for this very reason, *THE HAHNEMANNIAN* must be, as it always has been, a national journal. With this end in view our Correspondence, our Society Transactions and Hospital Reports must come from every quarter, and we must aim at such an interchange of facts, views and news, for the common weal, as will bind the entire profession more and more closely together and promote and prosper our national organization, the American Institute of Homeopathy.

Recognizing the fact that, to a large proportion of the profession, foreign journals are not available, certain articles must be reproduced *in toto* when considered worthy. On the other hand, the mass of current literature, foreign and domestic, is to be sifted and gleaned and placed before the overworked practitioner in a palatable and digestible form. Although the mouthpiece of the profession, it is our duty, editorially to act the part of a signal service, so to speak, (with better success, we trust, than sometimes meets old "Prob."); to keep a lookout for the signs of the times, to digest and discuss new methods, views and plans, and by brief notes and "pointers," to indicate variations of interest in the medical barometer.

Our book reviews must be reliable; thoughtfully and critically written after careful perusal, to aid our colleagues in a choice, bewildered by an enormous bill of fare and limited by—a pocket-book!

Speaking of finances, we must make a frank confession. We do not look at *THE HAHNEMANNIAN* as a dispensary practice; we consider it a good investment, first-class, in fact, and we think, furthermore, that a laborer is worthy of his hire. Hence, friends and readers, don't subscribe just to help us out, to save the good old journal from dying. We propose to enter the open market in honest, fair and manly competition and to offer everything that attention, hard work, promptitude, skilled labor and good materials can furnish. If our work stands the test; if we give you a pleasing, readable and useful journal that helps you in your daily practice, stick to us; otherwise, let us sink.

Such, in brief, is the task we have laid out for ourselves. Whether we live up to it or not, time alone will tell and our readers are the judges.

To our patrons, our contributors, our friends, we offer thanks for



their support in the past, and the hope that, in the future, they will have no cause to withdraw the same.

To our editorial colleagues we offer greeting and trust that the same good-fellowship and *entente cordiale* that existed between them and our predecessors may continue during "our day," and that we may all aid in furthering the good cause of homœopathy and medical science.

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#### THE DIFFICULTY OF DIAGNOSIS BETWEEN DRUG SYMPTOMS AND DISEASE SYMPTOMS.

The case of mydriasis reported by Dr. Ivins in the present number of the HAHNEMANNIAN MONTHLY, is well calculated to make one consider the difficulties that may arise in practice, in the diagnosis between actual disease and symptoms artificially produced by injudicious drugging. The subject is an important one for, on a proper appreciation of the relation between the two sets of symptoms, our treatment may oftentimes depend. To persist in the internal administration of the apparently indicated remedy, without removing the symptom-producing drug, or to continue the prescription of the homœopathic remedy when the latter has done its work, is time more than wasted. It is, however, with the difficulty of diagnosis between disease symptoms and drug symptoms from injudicious drugging by the laity and by allopathists that we here propose to deal.

An eminent old-school physician of England, Dr. Alfred Carpenter, has already taken up this subject. He has, however, considered it in its relation to but one drug, namely, alcohol. He details cases to which he had been called in consultation and in which the treatment was of such a character as to rapidly tend to poison the patient. Alcohol was prescribed in improper quantities, and improvement not resulting, still larger doses were given with, of course, still further aggravation of the poor sufferer's condition. The points upon which Dr. Carpenter based his diagnosis in these cases being the use of the thermometer, a careful examination of the heart's impulse, the condition of the respiratory function, the state of the skin, the action of light on the pupil, and the odor of the air expired from the lungs. Now for the cases Dr. Carpenter reports by way of illustration. The first was that of a merchant sixty-five years of age, a good liver, semi-comatose for twelve hours, and supposed to be dying. There were anasarca, some oppression of breathing, a fair pulse, (regular and 78 to the minute), and a slight aortic murmur with the first sound

of the heart. The patient was roused with difficulty but readily lapsed into stupor. The pupils responded readily. The temperature was  $97.8^{\circ}$ . The urine was albuminous, and the bowels relaxed. He had been freely stimulated, having taken twenty-four ounces of brandy in the preceding twenty-four hours. The urine was normal, in quantity but dribbled away involuntarily. It was evident that the comatose state could not be due to either uræmia or serious cardiac embarrassment, but rather to alcoholism. The brandy was therefore stopped. Improvement began and at the end of forty-eight hours the comatose condition had disappeared. Symptoms of gout then appeared. These were however too serious alterations in the kidneys and heart for him to recover completely although he lived in comparative comfort for four years longer.

Dr. Carpenter's second case was that of a young man affected with typhoid fever. It was one of those cases in which cerebral symptoms are likely to develop very rapidly in consequence of over-work of the brain. Alcohol was prohibited. For a while the disease ran a satisfactory course, and the patient was nearly well, when he became rapidly comatose. The conjunctivæ were turgid and non-resistant when the finger was applied to them; the pupils were contracted, the pulse was full and steady, the heart normal and the breathing steady but inclined to stertor. The temperature was  $96.2^{\circ}$ . It seemed that the attendants had been stimulating him unnecessarily with brandy and champagne and thus produced all this trouble. On stopping these, improvement followed and on the next day all dangerous symptoms had disappeared.

As Dr. Carpenter has shown of alcohol, and Dr. Ivins of belladonna, so may we all show that there are many other drugs which when introduced improperly into the human economy, may give rise to symptoms and which we can only treat after properly appreciating the cause. Opium and its derivatives and mercury call for particular mention. The former not only may present the symptoms peculiar to itself but may also disguise or cover the symptoms peculiar to the disease. Thus under its influence may serious pathological conditions pursue their fatal course without a warning of the impending danger to either physician or patient. Of the serious effects of mercury we meet less than did our forefathers, owing to its more conservative administration at the present time.

All cases should be thoroughly examined. If treatment has been carried on by previous attendants care should be taken to determine just how far the drugging has masked the disease. Where drug effects



are evidently present, cessation from treatment must be enjoined or antidotal measures instituted. Frequently it may happen that Nature has been a better healer than the physician, for notwithstanding unscientific treatment, she has conducted the case to recovery of all symptoms save drug effects, these latter probably soon after change of physicians or change of treatment.

## EDITORIAL NOTES.

Cascara sagrada is not as mild a laxative as many suppose. Dr. Cotter, of Macon, Ga., reports two cases in which prostration and cholera morbus followed its exhibition in ordinary doses.

*Thuja occidentalis* is highly extolled as a pulmonary remedy by Dr. Jas. R. Leaming in his work on Diseases of the Lungs, and what is more he actually tries to show the symptoms which indicate the drug.

A new antipyretic has been discovered. It is called methyltrihydroxy-chinolinecarbonic acid. As soon as it has received a name that can be written on an ordinary prescription blank, it will supplant all antipyretics now in use.

A very unusual case of intestinal obstruction was that met with by Dr. F. A. Long, of Madison, Neb. The patient, a farmer, had partaken largely of honey in the comb. The waxy masses were not acted upon by the digestive ferments and formed a solid mass in the intestines, thus causing obstruction.

In his search for a missile that could in warfare overpower the enemy without killing, an inventor concludes that he has found just what he is looking for in bombs filled with nitrite of amyl. A few gallons of this drug dashed on the deck of a war-ship would soon render her crew helpless. The ship could then be towed into a safe spot while the captors ventilated her and removed the insensible men.

German surgery is very severely criticized by a writer in *L' Union Medicale*. He believes that the trouble lies in the bad direction German surgery has taken during several years past. For a long time, German surgery has been purely operative. This has been carried to such a point that the exploratory incision has become the only method of diagnosis, the diagnosis based on the clinical phenomena being entirely ignored.

He was a young drug clerk and knew little or nothing of the "sundries" in stock in the average drug store. She was a servant, always careful of her "ings," and had been sent by her mistress to the store to make a purchase, and she asked for "ten cents' worth of 'purshing' powder." He put her up some calomel and jalap and she went away. The next day she returned with the message that "the bugs liked that powder; it didn't kill them at all; she must have something else to get rid of the bugs." The proprietor then gave her *Persian* insect powder.

"Scotch Oats Essence" is the name of a proprietary medicine now largely advertised all over the country. The proprietors claim that it is a harmless preparation. According to an analysis made by Dr. R. G. Eccles, the preparation is about one-third alcohol and each ounce of it contains nearly half a grain of morphia. The preparation is certainly a dangerous one if this analysis be correct. It is highly important for physicians to warn their patients against such an insidious compound, rendered all the more dangerous by its innocent name.

It is with regret that we learn that the *Index Medicus* has not yet received sufficient support in the way of subscriptions to save its publisher Geo. S. Davis from loss each year. This should not be. To the literary physician the *Index* is simply invaluable, and the stoppage of its publication would be a great professional loss. A study of the geographical distribution of the subscribers to the *Index* is interesting. They are 363 in all; 240 in the United States, distributed over 22 states and the District of Columbia. New York leads the list with 78, and Pennsylvania and Massachusetts follow with 39 and 34 respectively. The journal has no subscribers at all in New Hampshire, Delaware, West Virginia, North Carolina, Florida, Alabama, Mississippi, Texas, Kentucky, Tennessee, Oregon, Nevada and Kansas. Illinois, containing, as it does, a city presenting the claims of Chicago as a medical centre, has but 8. If the subscription list of the *Index* is an indicator of the literary tastes of the profession, we must conclude that the East is far ahead of the West. Eastern and Western physicians alike should rally to the support of the *Index Medicus*. Of the 123 foreign copies, 50 are taken by Great Britain, and 51 by France and Germany.

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## BOOK REVIEWS.

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**SALIENT MATERIA MEDICA AND THERAPEUTICS**, by C. D. Cleveland, A. M., M.D., Philadelphia, F. E. Boericke, 1888.

The author of this work claims that it has been his effort to furnish "a practical, simple and salient work" "a work that is truly practical and yet reliable in every detail." Further on he tells us "The method of presentation of each remedy is in accordance with the most certain method of selecting the remedy and not at variance with the instruction of our revered founder when their full import is understood."

Shades of Hahnemann! would not "our revered founder" have thundered words of unmitigated disapprobation, had he lived to read the forgoing quotations. Under many of the remedies we find a few valuable well-known characteristics; these however are as grains of gold among heaps of dross.

That these remarks may not appear to be the result of a mere captious spirit let us review lachesis, a well-known and much used remedy, to which more than average space has been accorded in the work. This is treated of, as indeed are all the remedies, under nine headings or divisions. The first of which is entitled "Temperament;" here we find but one condition mentioned, i. e., "women during the climacteric," notwithstanding the well established fact that lachesis is so frequently indicated in diseases occurring during childhood and youth as well as in old age. How could we spare it in infantile diarrhoea; in dysentery, croup, whooping cough, scarlet fever, post-scarlatinal drowsy, cerebral affections, etc. Again we miss the light hair and lax muscular fibre which distinguish it from such remedies as phosph., phos. ac., apis, caust., arsen., etc. Under the second heading "Location and Nature" we find mentioned a number of conditions common to many remedies and save for a couple of characteristics in brackets would afford no guide to the selection of lachesis. Division 3, "Objective Symptoms" gives us some well marked and really useful objective symptoms, yet even here we miss much, for instance no mention is made of the yellow complexion with intense redness of cheeks; distorted features, expressive of pain; lips dry, cracked and bleeding; swelling of lower lip; tongue catches behind the teeth, cannot protrude it; watery light yellow fecal offensive stool; dark urine.

Its utility in caries is not even hinted at, though ulcers, abscesses, and gangrene are mentioned.



Under (4) "*Causal*" we find only the single condition "abuse of mercury," though we should here find as being of at least equal importance, abuse of quinine, or alcohol; also, effects from loss of sleep, as in night watching; also effects from loss of fluids.

"*General characteristics*" (5) give us several well-known conditions which but feebly outline the remedy.

"*Aggravations*" (6) mentions only "after sleep," though the characteristic aggravation of lachesis is rather after a short nap or siesta, not so much after a night's sleep. Here we miss aggravations from motion, position, open air, times of day and temperature, all of which give us characteristic modalities.

"*Ameliorations*" (7) remains blank, though such well-marked ameliorations as relief of all uterine and ovarian symptoms after the menstrual flow begins; relief of periodical sufferings by motion; relief of chill from warmth of room; relief of pressing and bursting headache from lying down should certainly have been mentioned.

Division (8), "*Therapeutic range*" is notably incomplete, while

(9) "*Administration*," sixth to thirtieth dilution, is somewhat arbitrary.

We have but little favorable to say in reference to the clinical index, this is so markedly incomplete that it were better to have omitted it altogether. We need only instance anthrax, under which apis stands as the only remedy. Delirium mentions only bell., hyos., stram. Under Dementia we find only anacard, and under Retention of Urine only hyos. and op.

How any one can claim that a knowledge of such crude generalities will prove of much service to a true student of materia medica remains an incomprehensible mystery, especially when the same comes from one who announces himself as a teacher of materia medica and an exponent of the Hahnemannian doctrine of cure. The same paucity of well defined indications is noticeable throughout the work. Truly it may be said of making of many books there is no end, and while this one may have a mission it certainly is not that of broadening or making plain the use of true homœopathy. K.

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SPECIFIC MEDICATION AND SPECIFIC MEDICINES, by John M. Scudder, M. D.  
Fourth Revision—Twelfth Edition. Cincinnati, 1888, Jno. M. Scudder, M. D.

We have read this book with pleasure, and with profit, with pleasure on account of the spirit of candor shown, and with profit, by reason of its contents.

Amid the general feeling of the uncertainty of medicine, mainly outside of our school; when the success of homœopathy can be ascribed to its correspondence to a purely expectant treatment; and when empiricism pure and simple is preceded; it is with genuine pleasure that we take up a book whose author dares say "I know there is no mean between good and harm in medicine as we use it; it will be one or the other—if it does not oppose disease, it opposes life. I know that this talk about idiosyncrasies is all bosh, and when a medicine does harm I am to blame, not the patient; and I try to learn a lesson from it and not fall into the same error again" (p. 301)—and, "we are not looking for idiosyncrasies to excuse our ignorance in special or inscrutable providences to cover our defects and short comings"—and yet again "But there is this singular fact here; whilst physicians are willing to credit their remedies with all the relief from suffering, improvement and restoration to health, they are not willing to reverse it to concede increase of suffering, prolongation of disease and death to the remedies, though the sequence is quite as natural in the one case as in the other."

In view of the well-known success of the veteran author his dogmatic positiveness instead of being obnoxious, only serves to inspire confidence, and render the book more readable.

As regards the profit to be derived. We are not of the number of those who seem constantly to doubt whether "any good can come out of Nazareth." Some good can be found any and every where—so that while we do not agree with very many of the opinions held by the author, and although we have no hesitancy in maintaining the superiority of homœopathic over his system, this does not exclude the possibility of our deriving much profit from the study of some of the considerations advanced. This will become evident from a short review of the scope of contents of the book.

The author speaks first of *specific medication* and maintains "that certain well-determined deviations from the healthy state will always be corrected by certain specific medicines." A disease may be made up of a number of pathological changes, for each one of which there is a specific remedy, to be used in the order of their relative importance, except in those cases where the *basic lesion* can be discovered, and then the remedy that corrects that will remove all other symptoms and changes. This requires, of course, a *specific diagnosis* of the departure from a standard of health, in the way of "excess, defect or perversion." His principle in the application of remedies would be *contraria contrariis opponenda*, and this explains his disagreement with homœopathy, although he quotes V. Grauvogel to show that he also held the same view. He recommends the single remedy if possible, "in the smallest quantity that will produce the desired result," in the simplest, least objectionable forms, usually a tincture in water.

Without giving in this part of his work a classification of remedies, he here indicates the general direction in which their action is to be studied, viz.: 1. With reference to the digestive apparatus. 2. With reference to the circulatory apparatus. 3. With reference to the presence of zymotic poison, to be neutralized, antagonized, or removed. 4. With reference to the nervous system. 5. With reference to the presence of waste and a secretion, and finally 6. With reference to bloodmaking and repair.

The remedies are then taken up alphabetically and the mode of their preparation, the dose, and their therapeutic application concisely treated. The indications for their use are in very many cases for a homœopath exceedingly meagre, and yet in many instances the general clinical hints are of great value in directing attention to their possible uses. He does not hesitate to give credit to homœopathy where credit is due.

There follows in the latter part of the book a so-called appendix "compiled in considerable part from monthly articles in the *Eclectic Medical Journal*, and presented to the profession as a guide in part, but especially as an incentive to the re-study of the *materia medica*."

Very suggestive and timely are his thoughts on the *Elements of Uncertainty* and the *Elements of Certainty in Medicine*. He finds "the principal element of uncertainty in homœopathic medicine to be "the making pain a principal symptom, and the treatment of symptoms in place of pathological conditions."

In the sections on *Pain and its Treatment* and the *Treatment of Pain*, he is thoroughly in accord with the teachings of our own school in his objections to the indiscriminate use of narcotics, and lays down the principle that the proper remedies for the disease, are also the very best remedies for the pain. (p. 391.)

The sections on *Diagnosis and Treatment of Obscure Cases, and Epidemic and Endemic Constitution of Diseases*, naturally leads us to *Cases Illustrating Specific Medication*. While in many of these latter his success was good, we cannot but think that in many it would have been better had he allowed himself to be guided by the principle of *similia similibus*. The book closes then with sections on How shall we study *materia medica*? Obstetric remedies; Post-partum remedies; Remedies in diseases of women; Treatment of pain; Classification of remedies; and My Pocket Case.

In each one of these we find many points of interest which the space at our command does not allow us to enumerate, but enough has been given, we think, to show that to any one, who in his search for truth is glad to find



candor and earnestness of conviction, and to meet incentives and suggestions to new lines of thought and investigation, this book will prove not only entertaining but instructive.

W. H. B.

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PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, by George Henry Fox, A. M., M. D. Second series, parts 3 and 4, New York, E. B. Treat, 1888.

The claim of the publishers that this work is to exceed the former editions 50 per cent. in cases, does not hold good with reference to these two numbers, since each plate is a duplicate of those published in the second edition. As the value of a clinical study of diseases of the skin is proportionate to the number of cases seen, these parts will not commend themselves to those who already possess the former editions. The artistic merits of the plates are excellent.

The text is increased in volume and comprises the concluding remarks on urticaria, an article on dermatitis and on eczema. All of these are abreast of the times and deserve careful perusal. The general remarks on the treatment of eczema, mark the writer as a thorough and conservative dermatologist and should be read and followed by all who wish to have rapid and permanent results follow their treatment.

Give us new plates to compare with the old ones and the subscribers to the two preceeding series will have a work they cannot do without.

E. M. G.

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## BOOKS AND PAMPHLETS RECEIVED.

Of which there may be critical notice hereafter.

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E. L. KEYES—Genito-urinary Diseases with Syphilis. A revision of Van Buren & Keyes, New York, D. Appleton & Co., 1888.

PRINCE A. MORROW—Atlas of Venereal and Skin Diseases, with original text. Fasciculi III. and IV. New York, William Wood & Co., 1888.

W. R. GOWERS, M. D.—A Manual of Diseases of the Nervous System. American Edition. Pp. 1357. Philadelphia, P. Blakiston, Son & Co., 1888.

CHARLES W. DULLES, M. D.—Accidents and Emergencies. A manual of the treatment of surgical and other injuries in the absence of a physician. Philadelphia, P. Blakiston, Son & Co., 1888.

A. P. BRUBAKER, M. D.—A Compend of Human Physiology, especially adapted for the use of Medical Students. Fourth edition, revised and enlarged. Philadelphia, P. Blakiston, Son & Co., 1888.

R. A. WITTHAUS, A. M., M. D.—Essentials of Chemistry and Toxicology, for the use of Students in Medicine. New York, Wm. Wood & Co., 1888.

JAMES NEVINS HYDE, M. D.—A practical treatise on diseases of the skin. Second edition, thoroughly revised and enlarged. Philadelphia, Lea Brothers & Co., 1888.

## GLEANINGS.

### Failure of the Heart in Valvular Disease.

A valuable and thoroughly practical paper under this title, by Bruce, appears in the *Practitioner* for January, 1888. It is only within the last few years that we have learned to appreciate fully the truth that hypertrophy of the heart is a condition to be welcomed when there is valvular lesion; that there are, in fact, no symptoms attending perfect compensation. On the same principle, when there appear symptoms of cardiac distress, we regard them as evidences of failure of the heart. We say that "compensation has become imperfect;" that the "hypertrophy has broken down." We have learned to understand that the symptoms formerly said to be those of valvular disease are, in reality, those of failure of the cardiac wall. But after all, failure of the heart is only an effect behind which lie a number of discoverable causes, but which are too often neglected in the physician's study of his individual cases; and it is the object of the author in this paper to study cardiac failure from this point of view.

1. *Etiology*.—The most common and readily appreciated cause of failure of compensation is *muscular overwork*; a cause seen largely in hospital practice and among the poor in general. It is easy to understand how overstrain of the skeletal muscles induces dilatation of the heart.

2. *Nervous causes* occupy the second place in order of frequency. Of these the depressing emotions are the most serious, worry being one of the most common.

3. The next series of causes of cardiac failure are the different forms of *imperfect blood supply*. There are two well defined classes of these, which must be carefully separated: (a) impoverished condition of the blood; (b) disease of the coronary arteries.

(a) *Impoverished condition of the blood* is the agent in a large number of cases. Compensation is difficult to establish or maintain in the poor, underfed subject with valvular disease, in whom the coarse food generates dyspepsia, and the products of this poison the blood. The cardiac wall may again be imperfectly nourished in the patient at the opposite pole of the social sphere, in whom the blood is vitiated by the products of disordered digestion from over-rich food. The muscular tissues of the heart in such subjects become fat, pale, and soft; cardiac distress increases and prevents exercise, and this, in turn, augments the digestive, assimilative, and excretory derangements. Under this same head are to be classed those cases of quiescent heart disease which have been treated by rest and nourishment to the extent of abuse. In still other cases impairment of the general nutrition causes the development of cardiac symptoms, namely, in those subjects of valvular disease who had lived an active, useful life, but who have "retired."

(b) *Disease of the coronary arteries* is a second great cause of imperfect blood supply, and the author relates some cases of death from almost complete closure of these vessels.

4. *Intercurrent disease* is another cause of cardiac failure in valvular lesions, and the author regards with especial anxiety the occurrence of rheumatism or of disease of the lungs. Rheumatism of a subacute type is a common cause of disturbance of compensation in young subjects. Compensation has not, perhaps, been fully established after the occurrence of the rheumatism which first involved the heart, when another attack of the disease prostrates the bodily strength of the patient, and thus disturbs compensation, if, indeed, it does not create a fresh outburst of endo- or peri-carditis.



Acute and chronic disease of the lungs operates less frequently than rheumatism, but it is far from uncommon. It frequently happens that compensation is destroyed by the occurrence of pneumonia or bronchitis, and chronic bronchitis and emphysema, by growing worse in winter, frequently induce repeated break-downs of the diseased heart at that period of the year. In these patients the pulmonary disease is not secondary to cardiac failure, as is often supposed, but entirely independent, and, indeed, the cause of it.

5. There are *causes peculiar to women* which may disturb the compensation and produce cardiac failure. Pregnancy, labor, parturition, lactation, and the menopause, disturb all the physiological systems, and through these disorder the nervous and nutrient relations of the heart.

6. We should never fail to inquire for the existence of the *cardiac poisons* in use every day—tea, coffee, tobacco and alcohol. The first three often cause such distressing sensations and palpitation during indulgence in them as to connect them definitely with the attacks, and their use is given up without much difficulty. There are, however, few more hopeless forms of cardiac dilatation than that seen in the chronic drunkard.

7. The onset of symptoms indicative of cardiac failure may be due to *increase of the valvular lesion* developing suddenly or slowly, but which finally exceeds the increasing hypertrophy.

8. The last cause of failure of the heart in chronic valvular disease is *limit of the compensation*—i. e., not the limit of hypertrophy; but the slowly, but surely, advancing changes in the lungs, liver, kidneys, and even in the heart muscle itself, which at last sap the nutrition, and destroy the compensation. Judicious treatment, may, for a time, restore the balance, but the end cannot indefinitely be averted; the limit of compensation is finally reached.

The author has discussed the causes of heart failure singly. Of course, two or more are frequently associated.

*Prognosis.*—The preceding considerations change the whole aspect of cardiac prognosis. We must distinguish between the prognosis of valvular disease and that of cardiac failure. The former is chiefly concerned with the particular valve affected, and is mainly statistical in its methods. Thus it teaches, for instance, that aortic inefficiency is a more serious disease than aortic stenosis. The latter is concerned with the *cause* of the failure, which we must investigate in every case, for it depends on the nature of the cause in each individual under which compensation has given way, whether the prognosis will be (1) favorable, (2) unfavorable, or (3) doubtful.

(1). The prognosis is comparatively favorable in cases due to (a) *muscular overwork*, except when there is a history of a sudden aggravation of the symptoms from strain; when it may be most grave. (b) Failure of the cardiac wall from *impaired general nutrition* (poverty, anæmia, dyspepsia, etc.); but severe hemorrhage may thus prove fatal. (c) *Toxic causes*; except alcoholism. (d) Previously *misapplied treatment*; routine treatment, especially rest and tonics, irrespective of the cause.

(2). The prognosis is comparatively unfavorable in cases of failure due to (a) *impaired local nutrition*—i. e., vascular disease (disease of the root of the aorta and of the coronary arteries, syphilitic, degenerative, etc.). (b) *Intercurrent rheumatism*; especially in young subjects; and intercurrent *acute pulmonary disease*; (c) The *limit of compensation* having been reached.

(3). Prognosis is uncertain and obscure in cases of failure due to (a) *nervous causes*, which are often beyond our control. (b) *Aggravation* of the original valvular lesion; the prognosis depending on the extent of the new lesion. (c) *Climacteric* causes; especially uncertain in pregnancy and the post-partum state. (d) *Undiscoverable* causes.

*Treatment.*—The first principle is: Do not treat cardiac disease without sufficient evidence that treatment directed to the heart is required. The second principle is equally clear. If the heart is really failing, do not apply treatment in a routine fashion. As the cardiac failure is but one effect, the only rational means of treatment is to discover and treat the cause. This plan of treatment is more laborious and troublesome, but cannot fail to be

the most successful, and we have an expensive choice of hygienic and therapeutic measures. The third principle is the complement of the second: If the cause of cardiac failure be undiscoverable or irremovable, do not hesitate to treat the effects. The search for and treatment of the cause must not be carried too far. In these cases, and in urgent cases from whatever cause, the immediate relief of the symptoms is the great end to be attained. Even in less urgent cases our treatment must be partly symptomatic, since we cannot remove the cause all at once. Under these circumstances we reduce the load which the enfeebled ventricle has to carry by cupping or bleeding, paracentesis, puncture of the legs, and purgation. We reduce the *resistance* ahead of the ventricle by nitrite of amyl, nitro-glycerine, alcohol, direct renal diuretics and purgatives. We increase the *force* of the heart, its driving power, by ether, ammonia, strychnine, and food.

If we can act with more deliberation, we may use the direct cardiac tonics; as digitalis, strophanthus, and convallaria. These drugs are invaluable remedies, but, as the author has already emphasized, must not be used when compensation is already established, and must be properly applied to the individual case.—*American Journal of the Medical Sciences*, April, 1888.

#### Sodium Silico-Fluoride as an Antiseptic.

Mr. Thomson, of Birmingham, finds that for general antiseptic purposes, a  $\frac{1}{10}$  per cent. solution of fluo-silicate of sodium is more efficacious than a one to one thousand solution of bichloride of mercury. This salt is freely soluble in water at 60° F., in proportions not exceeding half of a grain to the drachm. A  $\frac{1}{10}$  per cent. solution added to egg albumen coagulates it at once.

To test the antiseptic properties of the fluo-silicate of sodium, Dr. Conrad Berens has made experiments with solutions of the drug in concentrated infusions of beef, mutton and hay in the following percentages: 0.1, 0.2, 0.3, 0.4, 0.5, 0.6 and 0.05. These solutions were compared with solutions of mercuric chloride in the same infusions of the following strengths: 0.01, 0.02, 0.03, 0.04, 0.05, 0.1 and 0.2. The comparison showed that at the end of two weeks the first five solutions of mercury contained bacteria while the sodium solutions were perfectly clear. At the end of thirty-two days the 0.2 per cent. alone of mercury was free from bacteria while all the solutions of sodium silico-fluoride showed not even the slightest sign of living bacteria.—*Medical Register*, April 14, 1888.

#### Some Newer Methods for the Recognition of Free Hydrochloric Acid in the Gastric Secretion.

Alt (*Centralblatt f. Klin. Med.*, 1888, No. 3, S. 41), says: that it is of the greatest importance that the practitioner should possess an accurate and convenient method for recognizing the presence of free HCl. in the gastric juice. In Riegel's clinic, where he has made his experiments, dependence has been placed upon tropæolin methyl-violet, and Congo red; the last, in the form of Congo paper, is especially recommended by Riegel as entirely satisfactory. Quite recently both Gunzburg and Boas have raised such serious objections against Congo red, that, if substantiated, this reagent must be abandoned. The former recommends phloroglucinvanillin in its place and the latter, tropæolin paper. The objections urged are that the change from the red of the Congo to blue takes place equally well with the organic acids; and Boas claims that even a 0.03 per cent. solution of lactic acid will produce it. These results are very important, and would effectually destroy the value of the Congo test, did not those which have been obtained in the very large number of cases in Riegel's clinic entirely contradict them.

In order to explain the contradiction, the author associated with Kuhn, has made comparative studies of the delicacy of both the older and more recently recommended reagents, especially of the phloroglucinvanillin and the tropæolin paper reactions referred to. To control experiments made with artificial lactic acid solutions, which showed that an aqueous solution of a strength of 0.025 to 0.03 per cent. would cause evident, though faint bluing



of Congo paper. The conditions were, however, quite changed when the gastric juice was employed; it being found that lactic acid added to the secretion freed from HCl would not cause bluing of the paper until a strength of 1.02 per cent. had been reached; and though secretions from cases were employed the results were the same. But such a degree of acidity of the gastric secretion from lactic acid does not occur in the economy, or only with the greatest rarity, so that the value of the test for HCl is not at all influenced by this discovery. On the other hand, it was found whenever phloroglucinvanillin, tropæolin paper, methyl-violet, and tropæolin oo exhibited the characteristic reaction, Congo became distinctly blue; and where the latter was not altered, the others also remained unaffected. These newer tests, therefore, offer no advantages over Congo red, and are inferior to it in the ease of application. The author emphasizes the statement that too much importance in any event must not be given to simple color reactions, but that in each case the peptic strength should also be determined.—*American Journal of the Medical Sciences*, April, 1888.

#### Remarkable Effects of Quinine.

Dr. F. Z. Jenkins reports the case of a man complaining of a "stitch" in the side who was ordered Dover's powder and quinine sulphate together with a purgative. During that day and that night he took 15 grains each of the quinine and Dover's powder. Next day he called and found him free from pain; but he said: "Doctor, you should not have given me quinine because it always goes to my weakest parts." Upon inquiry he found his "*weakest part*" was his "*penis*," and that quinine had previously, on several occasions caused it to swell up when taken for malaria.

Upon examination the next day the prepuce was found very cedematous, red and shining. The swelling being so great that the glans, which usually exposed, could not be seen when an effort was made to retract the foreskin, his temperature being subnormal ( $97\frac{3}{4}$ ), pulse 96, and nervous in character, the cutaneous surface covered with a papular and exanthematous eruption, quite confluent and circumscribed, light rose red in color, together with a large number of accumulated papules, accompanied by an intolerable itching and burning of the skin. The portions of the skin most effected were the backs of the hands, forearms, web of fingers, palms and soles, and internal surface of the thighs. He was quite nervous, and trembled upon attempting movement, and there was partial amblyopia. These symptoms lasted about twenty-four hours, and began to subside, next day disappearing entirely. A week later the quinine was repeated, 3 grains every two hours being given until he had taken fifteen grains. Exactly the same phenomena were reproduced.

It was subsequently learned that paraphimosis had on several occasions followed the use of quinine.—*Medical Analectic*, April 5th, 1888.

#### Scarlatina in Utero.

Dr. W. B. Dorsett reports the case of A. B., age twenty-one, married, admitted to Female Hospital, September 16, 1887, diagnosis pregnancy; primipara; seventh month. It was ascertained that just before entering the hospital she had recovered from an attack of scarlatina, and it was therefore deemed advisable to isolate her from the other puerperal women. She was accordingly transferred to another division to await her confinement. Upon questioning her closely in regard to her previous ailment, she stated that she had only a slight attack of the disease, attended with only a slight eruption, and was confined to bed but a few days. There were but few perceptible evidences of any sequelæ. The tonsils were somewhat cedematous and the pharynx slightly inflamed. She gave no history of any venereal disease, and aside from a slightly choreic and hemiplegic condition, antedating puberty, she was in a healthy condition.

On November 21, labor having set in, she was transferred to a lying-in ward, and there delivered of a well-formed seven and three-quarter pound

infant. Labor was normal in every respect. The placenta was abnormally large, soft and quite friable, denoting a previous inflammatory condition. The membranes, however, did not partake of this condition and came away intact.

The child's skin presented a most interesting condition—the typical desquamation of scarlatina. The furfuraceous variety extending over the entire trunk, arms and legs and the scaly variety being present in the palms of the hands and on the soles of the feet.

Several authors call attention to an eczematous eruption of infants, supposably caused by an altered condition of the mother's milk, she having just recovered from an attack of scarlet fever before the birth of her child. It is a well-known fact that syphilitic children present cutaneous evidences of the specific virus at birth and pass through the different stages of the diseases in after life. I am led to believe that the specific germ of scarlatina may, in like manner, so affect the unborn as to leave at birth undeniable evidences of the previous impregnation with the specific poisoning. The often unrecognized cause of many miscarriages is, I suspect, due, primarily, to an unrecognized case of scarlatina in the mother.—*The Archives of Gynecology*, April, 1888.

#### Successful Triple Amputation.

A successful triple amputation has been performed by Dr. Jno. Ashhurst. The patient was a Moor aged twenty years. In a railway accident he sustained a compound comminuted fracture of the right leg, the laceration extending above the knee, complete avulsion of the left leg and a compound fracture of the right hand and wrist. There was also a compound fracture of the skull, this latter requiring little attention. After reaction had been established, Ashhurst proceeded to amputate successively the right thigh by the antero-posterior flap method; the left leg about its middle by a modified Sédillot's external flap operation, and the right forearm by an oval incision, making use of the uninjured skin of the back of the hand and wrist. The patient had no bad symptom and recovered rapidly. This is the fifth successful case of synchronous triple amputation on record.

To insure success in operations of this character, Dr. Ashhurst recommends that the time occupied by the operation be very brief, and that they should be done systematically. The temperature of the patient should be kept up throughout the whole operation. This is the most important point of all. Loss of blood must be guarded against. It is also important to begin with the most serious injury.—*The Polyclinic*, April, 1888.

#### Rare Case of Acute Iodism.

In the *Wiener Med. Presse*, 28, 1887, Heller reports the case of a man, 30 years old, who became salivated following a short course of treatment with mercury for a primary syphilitic sore. He was ordered:

R—Potassii iodidi.....	3i.
Aque dest.....	℥iil.
Syrupi cinnam.....	℥siii.

M.

Sig.—Tablespoonful three times a day.

After the very first spoonful the patient felt a strong burning in the mouth, and soon great itching of the surface of the body, headache, violent pains in the fingers, benumbing of sensibility, feeling of dryness and irritation of the throat, and difficulty in swallowing. After a second tablespoonful of the medicine, these symptoms were increased and there appeared on the palmar surfaces of both hands and particularly of the fingers, small red, somewhat elevated maculæ, which were due to effusion of blood and were extremely painful. Then coryza, conjunctivitis, and flushing of the face, also occurred. The pulse was about 100, the appetite not much affected. In spite of discontinuance of the drug, the symptoms kept up for two days. The spots were then rusty brown, painless and no longer elevated and after



eight days, the iodism disappeared. The patient had some years before manifested a tendency to skin diseases especially of a hemorrhagic kind.—*Medical and Surgical Reporter*, April 14th, 1888.

#### Eye Diseases and Dental Irritation.

Dr. F. W. Marlow reports three cases of eye disease in which the removal of carious or diseased teeth was followed by prompt recovery. The three cases presented several features in common:

1. The inflammation was most marked at the margin of the cornea.
2. The conjunctival affection was limited to congestion and slight swelling, there being no discharge of matter. It would thus seem that the conjunctival symptoms were simply secondary to the corneal.
3. The corneal affection was quite superficial but extended over a considerable area. In the first case, it much resembled that seen in inherited syphilis. In the last two cases, there was a tendency to loss of epithelium. Thus it differed from the ordinary phlyctenular keratitis, which tends to be more definitely localized in one or more spots, and to be accompanied by well-marked ulceration and the development of blood-vessels on the cornea.
4. In all the cases, there were variations in the condition from time to time, the symptoms never entirely disappearing in spite of the usual local and general treatment.
5. When the dental irritation was removed, the eye symptoms disappeared rapidly and completely in each case, and so far without relapse.—*N. Y. Med. Journ.*, April 14, 1888.

#### Carbonic Acid Gas in Dyspnoea.

Dr. Weill proposes to use carbonic acid gas to combat dyspnoea. He says it was suggested to him when observing the experiments of M. Brown-Sequard on the inhibitory effect of a current of that gas on the larynx. He gives the gas pure for from two to five minutes at a time, using from two to five litres, once or twice a day. No bad effects are noticed and the patients are all improved by the action of this gas, which we have all thought so dangerous. The patients treated were mostly tuberculosis ones, who had an attack of laryngitis and serious lesions of the lungs. They had a slight oppression but continuous with attacks of coughing lasting from twenty minutes to half an hour, followed by severe dyspnoea. The inhalation of carbonic acid gas cut short these attacks and, when given between the attacks it seemed to prevent their occurrence and certainly diminished their frequency and intensity. The same favorable effect was noticed in cases of emphysema.—*N. Y. Med. Journ.*, April 7, 1888.

#### Wormian Bones in Fontanelles and Their Effect in Childbirth.

Dr. Grace Peckham has met with three cases in which wormian bones of considerable size occurred in the posterior fontanelle. In all three cases, the child was still-born. She presents these cases in order to call the attention of the profession to the fact that large wormian bones occurring in fontanelles may prove at the birth detrimental to the child. Especially if occurring in the posterior fontanelle, they would prevent the overlapping at the sutures and at the rim the pressure would be greater during labor, that is, during the second stage, cause an injury to the contents of the cranium, and inflict such damage to the nerve-centres, probably those at the base of the brain, as to prove fatal. The practical question arises, could this be avoided by the prompt and early use of instruments.—*Medical Record*, April 14th, 1888.

#### Ascending Paralysis After Whooping Cough.

P. J. Moebius reports to the *Centralblatt für Nervenheilkunde* a case of paresis, which developed in conjunction with whooping-cough. The patient was a child three years old, and the paresis affected first the limbs, then the arms, the throat muscles and the diaphragm. Tendon reflexes were absent; but

there was no disturbance in sensibility, no change of the electrical excitability, and no atrophy. After the paralysis had persisted several weeks, recovery occurred. The author believes that the disease is to be referred to an affection of the peripheral nerves—a multiple neuritis; he is inclined to regard it as a nervous sequela of whooping-cough and as analogous to the post-diphtheritic paralysis.—*Medical and Surgical Reporter*, April 14, 1888.

#### An Aid to the Diagnosis of Hemorrhagic Pleurisy.

In a case of hemorrhagic pleurisy, Dr. F. P. Henry withdrew some of the fluid from the pleural cavity, and, by means of Gower's hæmoglobinometer, found that the blood present in the exudation was less than one per cent. In other words, in fifty ounces of fluid there was less than half an ounce of blood. The question to determine was whether in case of rapid reaccumulation of the fluid, the amount of blood contained in it, supposing its proportion to remain the same, would be sufficient to materially lower the vitality of an already feeble individual. This question was decided in the negative by Gower's instrument and twenty-eight ounces of fluid were withdrawn with marked benefit to the patient.—*Medical News*, April 14, 1888.

#### Gelatine Plaster Casts for Anatomical Specimens.

Some time ago Mr. C. W. Cathcart, M. B., (Edinburgh Infirmary), proposed a new basis for making casts of anatomical specimens. The basis is made as follows: Take of "No. 1" gelatine, say six ounces, soak it till quite soft and swelled, afterward dry it slowly until just pliable. As it now has the minimum of water necessary, melt it in a water bath, and add six ounces (measure) of clear glycerine. When the two are thoroughly mixed, the material is ready. To render it opaque, add while it is still hot, and therefore fluid, small quantities of a thick paint made by rubbing up oxide of zinc in glycerine. When a skin color is wanted, a little vermilion is required to give a warm life-like hue. Should other things be cast, the prevailing color can be given with water color as required (tubes of moist water colors sold at two pence each will be found convenient). Several pounds of this mixture may be made at once, and portions used as required.—*Scientific American*, March 31, 1888.

#### Wry-Neck and its Treatment.

In speaking of the subject of wry-neck, Mr. Keetley defines the term as contracture of the sterno-mastoid muscle. In certain cases, he thinks that wry-neck may be foreseen and averted. When after birth a child is found to be suffering from an injured sterno-mastoid, the muscle should be frequently and gently rubbed by the nurse with oiled fingers, and every day, its head should be, for a few minutes, slowly and gently bent away from the shoulder of the side affected. *When a wry-neck has actually developed, the sooner the sterno-mastoid is divided the better.* Exceptions to this rule present themselves in the cases of very fat infants with short necks. Instrumental treatment without myotomy is a very tedious and expensive affair and is not moreover, as effective as we would like. *It is desirable not only to cure wry-neck but also to cure it quickly* so as to stop without delay the continuous development of asymmetry of the face, head and even of the shoulders.

The operation for the reduction of the deformity may be done subcutaneously, or an open wound may be made to the sterno-mastoid and then divide the muscle. In the latter case, the skin should be sutured carefully. All antiseptic precautions should be observed. After the operation, the head and neck should be fixed with some form of appliance. The mode of extension which Mr. Keetley recommends is as follows: *Extension and counter-extension are made by weight attached by adhesive strapping to the head and upper arm respectively.* From a wooden yoke or stirrup above the head, passes down on each side a piece of strapping which covers the corresponding side of the head, the parotid and mastoid regions and the neck to just below the level of the jaw, but does not reach its fellow of the opposite side below the chin. A hole is cut on each side to let the ear



through. The weight extension is applied to the upper arm exactly in the same manner as that in which it is affixed to the leg for the treatment of hip disease by extension. The patient is left free to use it, and generally holds it spontaneously in the flexed position. The weight should at first be of four pounds each and gradually increased to seven pounds. After two weeks, the weights may be removed, and manipulations begun and these must be continued for some months or more.—*Annals of Surgery*, April, 1888.

#### Sciatica Caused by Varicose Veins.

Quéner, at the Surgical Society of Paris, reported that he had observed closely very many cases at the City Dispensary, and his opinion was well formed on the fact. In sixty-seven patients who had varicose veins, eleven suffered from sciatica, which disappeared with rest, and especially, when the patient took the horizontal position. As treatment, M. Quéner recommended that the patient should wear an elastic stocking reaching up to the groin. M. Berger said that the above remarks were interesting as the number of patients who have varicose veins is very great. At the same time, he thought that the stocking as advocated by M. Quéner, is attended with considerable inconvenience, inasmuch as he had observed that it leaves its position and rolls like a tight cord around the thigh, thus impeding the return of the circulation.—*Medical News*, March 31, 1888.

#### The Nature of Scarlatinal Diphtheria.

Writers who believe that scarlatinal diphtheria should be considered as distinct from true diphtheria base their opinions upon the facts that in scarlatinal diphtheria the false membranes are less dense, that they do not descend into the larynx and that they are never followed by paralysis. These statements do not accord with Jessner's recent experience during an extensive epidemic of scarlatina, in which forty-five per cent. of the cases were characterized by the presence of confluent false membranes at the level of the tonsils. In this experience, the false membranes varied in thickness just as they do in diphtheria. The process rarely extends to the larynx, but in one of his cases it did so, quite covering the organ. The reason why the larynx is not usually involved in scarlatinal diphtheria is because the false membrane is propagated by preference, as it were, upon those tissues which were previously the seat of the scarlatinal process; that is upon the cavity of the pharynx, the Eustachian tubes, etc. In nasal diphtheria the pharynx frequently is not involved. The foregoing facts explain the infrequency of paralysis in consequence of scarlatinal diphtheria. The muscles and nerves which were infected by the poison of scarlatina resist that of diphtheria. A case is related which demonstrates that the morbid process is identical in true and in scarlatinal diphtheria. It occurred during an epidemic of scarlatina, several of the children in a certain family being attacked with scarlatinal diphtheria. Two of the others, however, were attacked with true diphtheria complicated with paralysis.—*Arch. of Pediatrics*, April, 1888.

#### Radical Operation for Hernia.

Dr. D. G. Zesas reports a case from the service of Dr. Niehaus, in Bern., in which a novel procedure was adopted. Patient was twice radically operated for right inguinal hernia with recurrence respectively six to nine months afterward. At the third operation the opening (internal ring) was so large that it was found impossible to approximate its edges (there was no sac). A piece of periosteum was taken from the tibia of a freshly killed rabbit and stitched to the opening with catgut, the peritoneum having previously been brought together by a puckering strong stitch (Geldbeutelnaht). Healing followed without a bad symptom and there was no recurrence at the end of two months when patient was lost sight of. The cicatrix was then firm and hard, such as is met with after healing with prolonged suppuration. Inasmuch as the periosteal flap is hard to prepare from a rabbit and the latter may not be at hand, Zesas suggests taking it from the patient's tibia. *Centralblatt für Chirurgie*, No. 7, February 18, 1888.

### Toxic Amblyopia.

During fifteen years' experience in Turkey and the Levant, Dr. Van Milingen had not met a single instance of tobacco or alcoholic amblyopia in a Turk, male or female. As regards the tobacco, this could not be attributed to the kind smoked, for Turkish men and women used such a large quantity that the amount of nicotine would correspond with the amount in the smaller quantities of stronger tobacco used in England. He therefore attributed the exemption to the mode of smoking, and believed that poisonous symptoms resulted from the juice of the tobacco being allowed to come in contact with the mucous membrane of the mouth in a moist state. Turkish women did not drink at all; some of the men drank *raki* to excess, but he had never known an instance of alcoholic amblyopia from this cause. On the other hand he had met with eight instances of alcoholic and two of tobacco amblyopia in foreigners resident in Turkey.—*The Lancet*, Feb. 4, 1888.

The optic nerve resembles a sensory tract of the spinal cord and consists of two parts, of which, the central has a special affinity for tobacco, while drugs like quinine leave it unaffected. Tobacco is the essential agent in causing an axial neuritis, which does not generally tend to spread to the nerve fibres coming from the periphery of the retina. As a rule the patients apply in the early stage of neuritis and simple cessation of smoking is the only treatment required. When recovery is established, moderate smoking is not injurious. In addition to tobacco a special condition is required to bring on an attack, alcoholic, diabetes, excessive venery, mental shock or distress being the most frequent auxiliaries. In some individuals a special tendency to degeneration (sclerosis or atrophy) exists hereditarily, and to them tobacco is especially injurious. Such are the conclusions of Mr. Edgar A. Browne.—*The Lancet*, Feb. 18, 1888.

## NEWS.

**REMOVALS.**—Dr. F. H. Boynton has removed to 34 West Thirty-second street, New York.

Drs. M. D. Youngman and A. W. Baily to 1618 Pacific avenue, Atlantic City, N. J.

Dr. H. W. Champlin from Chelsea, Mich., to Towanda, Pa.

Dr. G. M. Christine from 2042 to 2043 North Twelfth street, Philadelphia.

Dr. A. B. Norton to 152 West Thirty-fourth street, New York.

**PERSONAL.**—Dr. John W. Cooper, Jr., Elkton, Md., has been appointed by the County Commissioners and Trustees for the Insane and Poor, Physician in Chief of the Insane Asylum and Almshouse of Cecil county, Md.

Dr. T. L. Macdonald has been appointed resident physician to the Hahnemann Hospital, Philadelphia.

Drs. Weston D. Bayley and Samuel Price have been appointed internes to the Children's Homœopathic Hospital of Philadelphia, and Drs. Wm. Gardiner and James S. Shoemaker physicians to the out-patient department of the same institution.

Drs. W. W. Van Baun, Edward H. Van Deusen, Horace F. Ivins, Carl Vischer, Albert A. Norris, Wm. W. Speakman and Isaac G. Shallcross have gone to Europe.

**THE ORGANIZATION OF THE CHATTANOOGA SOCIETY.**—At an adjourned meeting of the homœopathic physicians of Chattanooga, Tenn., held Wednesday evening April 11th, 1888, a permanent organization was formed, with Dr. E. H. Price, President, Dr. W. W. French, Vice President; Dr. G. E. Harrison, Secretary and Treasurer. They are to have regular meetings on the first Wednesday evening of every month, when papers, cases and other matter pertaining to the good of the profession will be read and discussed. The name of the society is The Chattanooga Homœopathic Medical Society.



AN ENTERPRISING AND PATRIOTIC SOCIETY.—The New York Society for Medico-Scientific Investigation offers as prizes for drug proving the sum of fifty dollars, to be divided as follows; twenty-five dollars for the first prize, fifteen dollars for the second prize, and ten dollars for the third prize; the proving committee to have full charge of all details, with power to reject any or all provings which are not of sufficient value. Time limited to May 1st, 1889. Any one desiring to compete for these prizes, is requested to communicate with the chairman of the committee, who will state the requirements and furnish the drugs.

E. J. PRATT, M.D., *Chairman*,  
12 West 39th Street,  
New York City.

HAHNEMANN MEDICAL COLLEGE COMMENCEMENT.—The Hahnemann Medical College of Philadelphia held its fortieth Annual Commencement at the Academy of Music, Philadelphia, Friday, April 6th, 1888. The valedictory was delivered by Prof. Pemberton Dudley. The graduating class consisted of forty-eight, as follows:

David J. Alcutt, Thurlow, Pa.; Charles A. Ayers, Philadelphia, Pa.; George Frederick Baier, Philadelphia, Pa.; Newton H. Barnart, Philadelphia, Pa.; Weston Dodson Bayley, Philadelphia, Pa.; Henry Bierman, Shenandoah, Pa.; Cyrus M. Boger, Lebanon, Pa.; John Walter Branin, Jenkintown, Pa.; Henry Hamilton Cate, Lakewood, N. J.; Henry Clay Chisholm, Harrisburg, Pa.; James Crawford Clarke, Jr., Philadelphia, Pa.; Herbert Byron Coy, Rockland, Mass.; Geo. W. N. Custis, A. M., M. D., Washington, D. C.; Frank Condie Drane, Philadelphia, Pa.; Lewis K. Esrey, Bryn Mawr, Pa.; Everett B. Finney, Lincoln, Neb.; Horace S. Furman, Philadelphia, Pa.; William G. Gardiner, Philadelphia, Pa.; Samuel George Godshall, Philadelphia, Pa.; John Philip Haag, Williamsport, Pa.; Gustav Ernst Hanzig, Thompsettown, Pa.; William Holland Heron, M. D., Washington, D. C.; E. Hart Hill, Titusville, N. J.; Edmund Harris Kase, Carbondale, Pa.; John Kaufman, Hazleton, Pa.; Andrew Gregg Lieb, Bellefonte, Pa.; Havard Lindley, Baltimore, Md.; T. L. MacDonald, Monson, Mass.; Stoddard Sprague Martin, Philadelphia, Pa.; Finley McPherson, Lyons, N. Y.; Albert F. Merrell, Windsor, N. Y.; Franklin Ealer Merriam, Philadelphia, Pa.; Benjamin Duncan Morrison, Wheeling, W. Va.; Isadore Lusingus Peters, Slatington, Pa.; Samuel Whitaker Price, Philadelphia, Pa.; Thomas Reading, Hatboro, Pa.; William Clinton Seitz, Glen Rock, Pa.; Lewis Lippincott Sharp, Moorestown, N. J.; Bowman H. Shivers, M. D., Haddonfield, N. J.; James Singleton Shoemaker, Frankford, Pa.; Adam L. Sierer, Mechanicsburg, Pa.; Samuel Bryan Smith, Jr., Camden, N. J.; Charles L. Tindall, Philadelphia, Pa.; A. Emile Tortat, Philadelphia, Pa.; John Kelliper Tretton, Smithport, Pa.; Wilmer Worthington Trinkle, Philadelphia, Pa.; Robert Walter, M. D., Wernersville, Pa.; William Strachan S. Young, Philadelphia, Pa.

A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES.—Lea Brothers & Co., of Philadelphia, will shortly publish "A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment," by Professor Robert W. Taylor, M. D., formerly president of the American Dermatological Association, and joint author of Bumstead & Taylor's "Pathology and Treatment of Venereal Diseases." This work will be issued in eight parts, aggregating 58 large folio chromo-lithographic plates, measuring 14x18 inches and containing about 200 figures, many of them life-size, executed with the utmost faithfulness and beauty of detail. These plates will delineate typical cases from the practice of the author, and selections from the entire literature of Europe, including among others the works of Cullerier, Fox, Fournier, Hebra, Hutchinson, Kaposi, Neumann and Ricord. The text will deal chiefly with the practical aspects of the subjects, and will be illustrated with a series of unusually large engravings, executed specially for this work, and drawn principally from original matter in the possession of the author.

THE ANNUAL REUNION AND BANQUET OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA was held Friday evening, April 6th, 1888, at "Boldt's." A business meeting preceded the banquet at which Dr. J. F. Cooper, '53, of Allegheny City, Pa., presided. Dr. Wm. W. Van Baun, '80, acted as secretary. During the meeting a resolution was passed asking each Alumnus of "old Hahnemann" to present to his Alma Mater a cabinet size photograph of himself.

Dr. Alonzo P. Williamson, '76, read an address in memoriam of Dr. John K. Lee, '51; Dr. Percy O. B. Gause, '81; Dr. John A. Burpee, '54; Dr. Titus L. Brown, '53, and Dr. A. A. de Varona, '58. A cablegram wishing success was received from Dr. Thomas, of Llandudno, Wales, and letters of regret were read from Drs. Dowling, '57; Budlong, '63; McClelland, '67; Talbot, '53, and Bartlett, '79.

The election of officers for 1889 resulted as follows: President, Dr. J. C. Budlong, '63; Vice-Presidents, Dr. L. B. Hawley, '53, Phoenixville, Pa., Dr. C. H. Lawlor, '71, Wilmington, Del., Dr. Alonzo P. Williamson, '76, Middletown, N. Y.; Secretary, Dr. Wm. W. Van Baun, '80, Philadelphia; Provisional, Dr. Clarence Bartlett, '79, Philadelphia; Treasurer, Dr. Wm. H. Bigler, '71, Philadelphia; Executive Committee, Dr. I. G. Smedley, '80, Dr. R. C. Allen, '68, Dr. J. B. Wood, '54, to serve for three years and Dr. J. L. Seward, '73, Orange, N. J., for two years. Two hundred members of the Alumni sat down to the banquet. Dr. Cooper, '53, presiding in place of President Dr. John A. Dowling, '57, New York city, who was detained by serious illness in his family. Towards the close of the menu, Dr. Cooper, '53, requested Dr. Jos. C. Guernsey, '71, to act as toast-master. The toasts and responses were "The Alumni," Dr. Wm. B. Trites, '69. After an eloquent address, Dr. Trites read a telegram from Dr. Dowling, '57, in which he proposed the following toast: "Our Alumni, the medical profession throughout the whole world, Old school and New, Eclectics, Thompsonians, all, but in drinking to the toast let us offer this prayer, that prejudice may be banished from medicine, that honest investigation may be adopted by all, that honest convictions may be respected by all, and that all the members of our profession, which has been described as so noble, may eventually sail under one common banner. Take my word for it, if that prayer is answered, and it will be, the inscription on that banner will be 'similia similibus curantur.' God bless you all." The toast was received with applause.

"The Trustees" was responded to by the Hon. Wm. B. Hanna, D. C. L., "The Old Welcomes the New," Dr. J. F. Cooper, '53; "Class of 1888," Dr. J. C. Clark, Jr., '88; "The Boys," Dr. Wm. W. Van Baun, '80. Among the other speakers were Dr. Pemberton Dudley, '61; Dr. A. R. Thomas, '86; (Hon.) Dr. Wm. H. Bigler, '71, and Dr. Frank C. Drane, '88. The banquet broke up in the small hours, with singing "Auld Lang Syne." The floral and fruit decorations were sent by Mr. Boldt to the Hahnemann Hospital.

Among those present were: Doctors, M. F. Middleton, '68, Camden; Wm. W. Speakman, '82, West Chester, Pa.; J. Ross Swartz, '79, Harrisburg; Isaac Crowther, '86, Chester; C. Weaver, '79, Fox Chase; B. F. Brooks, '83, Lewistown; D. R. Maddux, '83, Chester, Pa.; Wm. R. King, '81, Washington, D. C.; Eldridge C. Price, '79, Baltimore; C. H. Lawton, '72, Wilmington, Del.; Geo. D. Woodward, '84, Camden, N. J.; A. E. Frantz, '82, Wilmington, Del.; J. P. Cheesman, '79, Elmer, N. J.; A. P. Williamson, '76, Middletown, N. Y.; J. G. Streets, '66, Bridgeton, N. J.; C. W. Perkins, '70, Chester; Peter Cooper, '81, Wilmington, Del.; J. P. Lukens, '78, Wilmington, Del.; C. J. Thomas, '53, Baltimore, Md.; L. P. Hawley, '53, Phoenixville, Hugh Pitearin, '80, Harrisburg, Pa.; T. G. Bieling, '87, Hammonton, N. J.; H. B. Ware, '86, Scranton, Pa.; Samuel Starr, '69, Chester, Pa.; Wm. B. Trites, '69, Manayunk; T. Pratt, '73, Media; J. B. Wood, '54, West Chester, Pa.; Geo. R. Fortiner, '83, Wilmington; R. P. Mercer, '61, Chester; Geo. B. L. Clay, '53, Moorestown, N. J.; H. B. Hall, '69, Riverton, N. J.; J. L. Seward, '73, Orange, N. J.; Louis de V. Wilder, '55, New York City; Morris Hughes, '84, Kennett Square, Pa.; T. S. Davis, '85, Plainfield, N. J.; F. C. Richardson, '80, Boston, Mass.; E. M. Howard, '77, Camden, N. J.; and Drs. Jones, '57; Martin, '65; Malin, '58;



Dudley, '61; Allen, '68, Betts, '68; Goodno, '70; Bigler, '71; Keim, '71, Thomas, '71, Griffith, '72; Guernsey, '72; Williamson, '72; Mohr, '75; Smiley, '75; Tomlinson, '75; Reading, '78; Buckman, '79; Ivins, '79, Gramm, '80; Smedley, '80; Van Baun, '80; Van Lennep, '80; Barnes, '81; Mullin, '81; Shoemaker, '81; Stenger, '81; Haines, '82; Layman, '82; Posey, '83; Titman, '83; Berkenstock, '84; Mercer, '84; Snader, '84; Jessup, '84; Harrington, '85; Marsden, '85; Thomas, '86; Theo. Bieling, '86; Bennett, '86; James, '86; Hare, '86, Closson, '86; Karsner, '87; Norris, '87; Shallcross, '87; Ward, '87; Rodes, '87, McDowell, '87; Millen, '87; Thompson, '87.

Visitors: Dr. Samuel Long, New Brunswick, New Jersey; E. H. Van Deusen, W. K. Ingersoll, C. W. Gessler, Phila.

A STATE SANITARY CONVENTION will be held at Lewisburg, Union County, Pa., under the auspices of the State Board of Health, Thursday and Friday, May 17th and 18th, 1888.

The following preliminary announcement (subject to amendment) has been issued:

*First Day.*—Opening Address, by his Excellency the Governor of Pennsylvania; Address of Welcome by D. J. Hill, LL.D., President of Bucknell University; "The Prevention of Contagious Ophthalmia," Dr. P. N. K. Schenck, of Philadelphia; "Diseased Meats and the Prevention of Trichinosis," Dr. F. W. Fury, Sunbury, Pa.; "The Water Supply of Lewisburg," Prof. W. G. Owens, Bucknell University.

*Evening Session.*—Annual Address, Hon. S. T. Davis, M. D., Lancaster, Pa.; "Cremation as a Means of Disposal of the Dead," Dr. B. F. Hyatt, Lewisburg, Pa.

*Second Day, 9 A. M.*—"Small Pox in Country Places," Dr. Fetterolf, Mazzeppa, Pa.; "Hygiene of the Teeth," Dr. H. Gerhart, Lewisburg, Pa.; "Insanity among Women," Alice Bennett, M. D., Resident Physician State Hospital for the Insane, Norristown, Pa.; Sanitary Protective Associations, Benj. Lee, M. D., Secretary of the State Board of Health, "Sanitary Shortcomings of Lewisburg," Dr. W. B. Atkinson, Secretary of Pennsylvania State Medical Society, and Medical Inspector to the State Board of Health.

*Afternoon Session.*—"School Hygiene," Dr. G. G. Groff, of Lewisburg, Member of the State Board of Health; "Household Hygiene," Prof. Frances Emily White, Women's Medical College, Philadelphia, Pa.; "How Germs Cause Disease," Dr. V. C. Vaughan, of Michigan University; "The Drainage of Lewisburg," M. S. D. Bates, Lewisburg, Pa.

*Evening Session.*—Illustrated Lecture, Dr. Edwards, of the State Board of Health. Papers are also expected from Dr. J. H. Kennedy, Shamoken, Pa., Dr. A. Schultz, Superintendent of the State Hospital for the Insane, Danville, Pa., and other distinguished scientific men.

It will be observed that while distinguished sanitarians from a distance will take part in the proceedings, the aim has been to make the latter, to a considerable extent of practical use to the citizens of Lewisburg and its neighbors, and to enlist them in the study of its sanitary problems. For this reason they will be of great interest to all residents in small towns and rural districts, the conditions of which are necessarily very similar. The convention will be presided over by the Hon. T. S. Davis, M. D., Member of the State Legislature of Lancaster, Pa.

A more definite programme will be issued later.

GEORGE G. GROFF, M. D.,  
BENJAMIN LEE, M. D., Sec'y., } *Committee.*

All persons who desire to attend the Convention of Sanitarians, to be held at Lewisburg, Pa., under the auspices of the State Board of Health, of Pennsylvania, should apply for railroad certificates for reduced fare, to the undersigned, stating which railroad will be used,

WM. B. ATKINSON, M. D.,  
1400 Pine Street, Philadelphia,  
Manager of Transportation.

THE  
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JUNE, 1888.

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THE NEUROTIC EFFECTS OF MERCURY.

BY ALFRED WANSTALL, M. D., Baltimore, Md.

Read before the Maryland State Homœopathic Medical Society.

Perhaps no other remedy has a wider therapeutic application in proportion to its pathogenetic effects, than mercurius; still, there is one class of its symptoms, as characteristic as they are pronounced, that has had very little therapeutic application, namely: its neurotic manifestations. This is probably due, in part at least, to the fact that we are so accustomed to apply it, in a very wide sphere, for inflammatory, tissue, and blood changes, that we prejudge it as of little or no use for purely functional disorders; and, naturally, it does not occur to the mind in association with other remedies thought of in this connection.

Richard Hughes (*Manual of Pharmacodynamics*, page 633) says: "The neurotic effects of mercury are manifest chiefly in the musculo-motor and in the ideational and emotional spheres.

"The 'mercurial tremor' is as characteristic an action of the drug as its salivation. It is chiefly seen in workmen at quicksilver mines, or in trades, as water gilding where the metal is much used."

Hughes follows Méral's account. "The disease," he states, "may begin suddenly; but in general it makes its approach by slow steps. The first symptom is unsteadiness of the arms, then quivering, finally tremors, the several movements of which become more and more extensive until they resemble convulsions, and render it difficult or impossible for the patient to walk, to speak, or even to chew. All voluntary motions, such as carrying a morsel to the mouth, are effected by several violent starts. The arms are generally attacked first, and



also most severely: The tremors have been compared to those of chorea, of delirium tremens, and of paralysis agitans."

Of the last Watson says: "The mercurial tremor consists of a sort of convulsive agitation of the voluntary muscles, which is most violent when efforts are made to move the limbs by the help of these muscles; whenever in fact volition is brought to bear upon them."

Regarding the milder effects of mercury in the ideational and emotional sphere, Hughes quotes Dr. G. Wood as follows: "The most prominent nervous phenomenon of mercurialisation is an increased susceptibility to impressions; slight causes producing a disturbance of the mental equanimity, and unpleasant influences of all kinds having more than their ordinary effect. A fretful, peevish state of mind, and irritable condition of temper, are not uncommon; and restlessness, wakefulness and general uneasiness are frequently added to the other sufferings."

"Mercurial erethism" has been described by Naunyn (after Kussmaul): "Every unexpected or perplexing event excites the patient to the highest degree. The visit and conversation of the physician put him in a state of complete bewilderment, even to syncope; he grows pale, and stammers in answering the simplest questions. To perform his allotted task requires the greatest effort, or is even impossible if he sees or thinks he is being watched. There is also great solicitude and feeling of anxiety without any reason for it. There is sleeplessness, or sleep which is restless, frequently broken and disturbed by frightful dreams, headache and palpitation. In the severer forms, there are frequently hallucinations, usually of a frightful nature. (Hughes.)

The following observation first led me to think of mercurius for spasmodic nervous troubles:

Mr. W., a Catholic theological student, applied to me on March 7th, 1883. He was in fair general health, but of nervous temperament. He was subject to seminal emissions, unaccompanied by erections. These speedily disappeared after beginning the use of cold sitz-baths before retiring. He has been affected for a long time with a partial *tic convulsiv*, affecting principally the direct and accessory vocal organs. When reading aloud, reciting, or talking, particularly if he is under observation, as in the class-room, etc., the tongue and lips begin to twitch and tremble, interfering with articulation to a greater or less extent. At times, under the influence of more than ordinary excitement, as during examinations or recitations, the trouble is greatly augmented; the ordinary trembling resulting in spasmodic stiffness of the tongue and jaws, and complete inability to speak. I prescribed aga-

ricus<sup>3</sup> three times a day, and continued it for twenty days, but without any improvement.

Stramonium<sup>3</sup>, three times a day, was next prescribed, and at the end of twenty-four days the patient reported himself almost well, and requested a fresh supply of the same medicine.

On July 21st, he reported again with some trembling of the tongue under the same conditions as before. Stramonium was repeated as above.

On August 21st, he reported himself worse, with twitching of the lips and trembling of the tongue, and at times, under the influence of any emotion, entire inability to articulate. A fresh study of the case was made, and mercurius vivus, third decimal trituration, a five-grain powder, once a day, was prescribed.

On September 6th, he reported himself no better, and he returned before using all the medicine on account of the marked aggravation it produced. He noticed that after taking each powder he was much worse, even to the extent of stiffness of the jaws and pain in the mouth. Mercurius<sup>30</sup>, three times a day, was prescribed, and sufficient to last three weeks was given. He was further instructed to take of the powders he had left (mercurius vivus<sup>3x</sup>), one at the end of seven, and another at the end of fourteen days.

On October 4th, he reported himself as almost well. The same aggravation was noticed after each of the powders of merc. viv.<sup>3x</sup>, taken at the end of the first and second week, as directed. There remained only slight trembling of the lips. I prescribed mercurius<sup>200</sup>.

On November 8th, he reported as having been quite well. There was a slight tremor of the lips while in my office, presumably from the fatigue of much walking about the city, and a walk of nine miles from the college thereto. The last prescription was renewed, with instructions only to use it, if necessary. The patient was not seen again.

Remarks: The aggravation from mercurius vivus, third decimal trituration, is quite as interesting as the ultimate result itself. True medicinal aggravations, in my experience, are comparatively rare, and as the observation was confirmed by the control test with the powders taken on the seventh and fourteenth day, I have no hesitation in regarding it as a true aggravation.

The selection of mercurius vivus for this case was based upon the *psellismus mercurialis*, or mercurial stammering, which the following symptoms from Allen will more fully illustrate: S. 153, Trembling about the corners of the mouth, especially when talking; S. 137-139,



relating to trembling of the tongue; S. 310 to 334, only a few of which I cite: Speech impeded; speech difficult on account of trembling of the mouth and tongue; the masseter muscles became contracted, so that speech was at times very difficult and almost impossible; could scarcely speak intelligibly from the constant state of agitation into which they were thrown the moment they were addressed or attempted to articulate; speech stammering, *et id genus omne*.

Speaking of *psellismus mercurialis*, or mercurial stammering, Hempel says: "An affection of this kind could probably not be reached by mercury except under peculiar circumstances. If this stammering is a symptom of rheumatic paralysis of the tongue, attended with ptyalism, or if the stammering should have resulted from the suppression, by artificial means, of a process of ulceration in the mouth, or of an irritation of the salivary glands, which should have been treated with mercury, then mercury will undoubtedly prove an efficacious remedy for this weakness" (Hempel & Arndt, Vol. II, p. 384). Hempel is obviously speaking not from experience. There can be no reason why symptoms analogous to the *psellismus mercurialis* should be preceded by other specific or tissue changes similar to those produced by mercury, in order to make mercury curative, than there could be for demanding that these same specific or tissue changes should be preceded by *psellismus* for the same reason. The neurotic manifestations of mercury are not necessarily associated with its tissue and blood changes, though we are prone to overlook this fact, owing to the frequent use we make of these latter symptoms. Symptom 240 from Allen is quite significant in this connection: *Tongue looks healthy, and is not coated*;\* but almost as soon as it is put out it begins to vibrate like a pendulum; at first in small arcs, which rapidly enlarge if the organ is kept protruded. T. F. Allen, in "The Outlines of a Systematic Study of the Materia Medica," now being published in the *N. A. Journal of Homœopathy*, says: "The nervous phenomena of mercurial poison are wonderful; wonderful that these helpless people, with chorea of the most aggravated type, and with tremors like palsy, without a definite pathology, should escape the destruction of mucous membrane and bone that their fellows have, who have no palsy." \* \*

According to Huber, "Kafka advises it (mercury) in mimic spasm of the face, if produced by exposure to cold, and when connected with pain, and when confined to one side; furthermore when caused by carious teeth, or inflammation of their roots."

Also, "in chronic one-sided cramps of the sterno-cleido-mastoid

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\* Italics mine.

muscle, Kafka obtains the most rapid and lasting effect from mercurius solubilis. \* Huber properly remarks here that mercurius vivus may observe our own preference.

I next offer the following case of chorea treated with mercury.

Tillie M., aged 11, apparently and probably older than the age she gives, an inmate of St. Peter's P. E. Orphan Asylum. She is well-developed, and fairly nourished, but has not yet menstruated. Her family antecedents are not ascertainable. Prior to the present trouble while an inmate of the Home she has always been well and has not been more nervous than the average girl of her age. An older sister who is also an inmate of the same institution, and is perfectly well, during the summer of '86 fell from a swing and broke both bones of the forearm, and during and after the accident, did not reveal the slightest indications of nervousness. Tillie, the subject of this report, has not had rheumatism, as far as can be ascertained; and her heart is intact. No emotional or other cause for the present trouble can be found.

For several weeks before my attention was called to her condition, her teacher had noticed that when sewing she held her work and her needle clumsily, and further, while eating, that she handled her knife and fork awkwardly, and was prone to let them fall. The more severe symptoms were apparently precipitated by her accompanying the other children to a picnic at the Park. While there the choreic movements became very severe and before she was gotten home, she had almost stripped the clothes from the upper half of her body.

My attention was first directed to her about the middle of August, when she was brought to my office, being still able to go out. She was then affected with well-marked choreic movements of the right arm, sufficiently severe to deprive her of the use of this member. She could still grasp large objects with extreme difficulty and could hold them only with a firm grasp. The left arm was affected but in a much less degree. The right leg was also involved, revealed the trouble as a dragging of the toe when she walked. Otherwise there were no striking symptoms. Tarentula 12x was prescribed.

The trouble grew steadily worse, increasing on the right side, and extending from there to the entire voluntary muscular system. By the 23d of August, she was compelled to remain in bed, being no

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\* Mercury and its Preparations. A pharmacological and therapeutic study, according to the principles of homœopathy. By Edward Huber, M. D., Vienna. Supplement to the *N. A. Journal of Homœopathy*, Nov. '81 to February '85.



longer able to maintain an erect position. During the night, she rested comparatively well, but always with her limbs huddled together and confined with the body. At this time, she was still able to articulate although with much difficulty. She had a ravenous appetite, and bolted her food accordingly, a marked feature throughout the case. The bowels moved daily. Tarentula was discontinued and agaricus prescribed. A cold sponge bath, daily, was also ordered.

By August 30th, she was, if possible, still worse. The movements were incessant and universal, excepting during the night, but even then sleep was frequently interrupted by violent starts. She was absolutely speechless, with some difficulty in swallowing, but her appetite continued ravenous with bolting of food, and the bowels moved daily. There was no serious psychical disturbance, and when anything of the kind was present, it went no farther than immoderate and unprovoked laughing or crying. There was no irritability of temper or impatience. It was necessary to keep an attendant constantly at the bed side in order to prevent her from falling to the floor. Some confinement of her hands became necessary in order to save her sleeping dress and the bed-clothes, as well as to protect her knuckles, which were becoming sore from the constant friction. This was the condition of the patient when I determined to try mercurius. Accordingly (August 30th), I began the use of mercurius vivus, 6th decimal trituration, 5 grains every two hours.

Without further following this case in detail, it is sufficient to say that within forty-eight hours, an improvement was manifest. Within a few days, she was able to be transferred from the bed to an invalid chair, where she preferred to pass the day, for the reason, that with the chair at an angle of  $45^{\circ}$ , the foot-rest, arms, and angles offered her points of support for the agitated muscles of the head, trunk and extremities, not obtainable in bed, and thus curtail the movements.

About this time the case was seen by my friend, Dr. George M. Dillow of N. Y., who happened to be in Baltimore for a couple of days; he called my attention to the characteristic cina tongue and ravenous appetite as indicating that remedy. However, mercurius was continued, generally the 6th decimal, occasionally, for a day or two, the 3d decimal, and now and again, nothing for twenty-four or forty-eight hours. From the beginning of the treatment with mercurius, the progress was steadily better, at no time relapsing or even halting. By September 4th, she could raise herself to a sitting position; by the 7th, she had some use of her voice and control of the tongue; and a

few days later was able to walk about the infirmary ; by October 1st, she was practically well, and on the 9th entirely so, and further treatment was discontinued, and she was allowed to begin to resume her household duties.

The following case is reported for the reason that the general condition of the patient strongly indicated mercurius, and while it did much to improve her general condition and prepare her for a final cure by another remedy, yet it exerted only a temporary and partial effect upon the choreic movements themselves.

M. C., a girl, aged 9 years, was first seen Feb. 22, 1887. For three years, she had suffered with general chorea which is said to have followed an attack of scarlet fever. She has never had rheumatism, and two older sisters are entirely well. One of her aunts, a young girl of 17 years, has been under my treatment for acute rheumatism, with which she has suffered every winter for several years.

The general condition of the patient herself is bad. She is thin and illy nourished ; and has little appetite, excepting at night. Skin is yellow and leathery, there are several small livid scars on the forehead. Hands and feet are cold and sweaty. Teeth are notched, irregular and crooked ; teeth and alveolar process small, gums soft and of bad color. Breath offensive, naso-pharyngeal catarrh. Has headaches twice a week, over the right temple. Her sleep is disturbed ; she is weak, tires easily and gives way to tears on slight provocation. The choreic movements are general and at times severe ; always worse in the winter, and especially in wet weather. Last spring, she suffered much with pains in the limbs which were regarded as "growing pains." The valves of the heart are intact, but there is an anæmic murmur, the pulse is weak and quick. She was removed from school, her diet regulated, special directions as to exercise and rest, and a sponge-bath every forenoon ordered ; and mercurius v. 6x prescribed.

March 5. Better appetite, and she rises in the morning more refreshed. Complexion improved and gums look better. There has been no headache, and the choreic movements are less. *R̄. Merc. v.*<sup>30</sup>, 3 times a day.

March 11. Is generally better, is stronger and improved in appearance. Pulse 84 and quiet, heart regular, and the murmur has disappeared. But she has had some headache and the choreic movements are not as quiet as at the end of the first 10 days of treatment. *R̄. Merc. v. 6x*, 3 times a day.

March 23. Has had no headache, and the general health continues to improve ; but the choreic movements are worse, at times extending



to the muscles of the larynx and affecting the voice. *Ry. Merc. v. 3x*, 3 times a day.

March 30. Generally better and stronger. Sleeps better. Movements are about the same. Feet perspire much. *Ry. Merc. v.<sup>30</sup>*.

April 7. General condition good. Movements are again worse since the patient fell down stairs three days ago. *Ry. Cimicifuga 3x*, 4 times a day.

April 16. Movements are somewhat better. She complains much of a weak back, and is unable to hold herself erect without great fatigue. *Ry. Cimicifuga*.

May 11. About the same. *Ry. Mygale<sup>30</sup>*.

May 28. No better. *Ry. Mag. phos.<sup>30</sup>*.

June 21. Better in every way. Back is stronger, and the movements have almost entirely ceased.

July 23. She is entirely well, has no choreic movements, and back feels strong. The only complaint is too profuse perspiration of the head and feet, for which *silicea<sup>30</sup>* is prescribed.

This child remains well, and is so perfect in flesh as to be somewhat of a model in her neighborhood.

Huber quotes Kussmaul to the following effect in regard to the resemblance between tremor mercurialis and chorea. "In both cases, the disease begins gradually as a rule. The patients are at first excited, morose, easily startled and livid; there is vertigo, headache, rigors, formication; motions begin to be hasty and unsteady, and seem, to arise from embarrassment, hence we observe a great degree of resemblance in regard to the initial cerebral and neurotic symptoms in general.

"Emotions call forth the threatening attacks of chorea and tremor, and increase the involuntary attacks which are already present.

"Reflex motions are undisturbed in both instances. Urine and fæces are normally voided in chorea. Both affections intermit during sleep, with rare exceptions, and exhibit frequent remissions and exacerbations during waking hours.

"The relation which both forms bear to the will is very similar. Although patients are still able to initiate motions they are unable to execute them in accordance with the original purpose, for they are interrupted by involuntary trembling and jerking motions of one or both sides. Mercurial tremors differ from the beginning by being more prominent, and those suffering from mercurial cachexia are from the onset rather weaker, embarrassed and frightened; while those suffering from chorea are rather more awkward or unruly. As the disease

increases the trembling motions of chorea play a subordinate part, and may be altogether absent; while in *convulsive tremor*, these trembling motions may coexist with the spasm in a marked degree."

Besides the symptoms already enumerated from Allen, suggesting the relationships of mercurius to chorea, the emotional and intellectual symptoms, as well as the following, should also be consulted: 60; 99; 146; 356; 359; 385; 398; 534; 539; 541; and 659. The last I here quote from Allen, relating to constitutional mercurialism, the detailed effects of over one hundred works in Erlangen (Kussmaul). Mercurial tremors affect the muscles which are usually under the control of the will, so that one is never master of his own motions; the affected muscles exhibit normal electrical irritability, but are not able to respond to the will; on attempting to respond, the muscles begin to tremble and twitch excessively; they frequently make all sorts of motions, as in chorea, before the devised motion is affected, or are sometimes affected with violent convulsive motions, which also involve neighboring groups of muscles; these muscles are better able to hold a heavy object than a light one, as for example a knife or a fork cannot be used because they are jerked out of the hand, while a heavy object may be held firmly for a long time; the hands and arms are first affected, the lower extremities next, while the head becomes affected later, and only in violent cases; the general trembling of the body seems to alternate with stammering of speech; sometimes the speech is very stammering and unintelligible, while the rest of the body is not affected; at other times, the whole body trembles, twitches immoderately, while the speech though tremulous and interrupted is yet intelligible; sometimes one-half of the body is affected more than the other; sometimes the patients are unable to walk, drink, eat, dress, undress, speak intelligibly or indeed to utter an articulate sound; some patients are able to ascend and descend steps, though with difficulty, like patients with *tabes dorsalis*, but are not able to eat or drink, while in others, these conditions are reversed; some are no longer able to drink without assistance because the water is spilled before it reaches the mouth, while they are still able to carry food to the mouth by supporting the arm; one patient was obliged to be supported by several people whenever he attempted to drink; sometimes chewing is absolutely impossible; in the convulsive form patients are obliged to be tied in bed to prevent their being thrown out by the convulsions. At times, the tremors occur in paroxysms of varying severity and duration; these paroxysms are brought on by emotional excitement, physical exertion, and sometimes occur without



assignable cause. At times the paroxysms resemble the violent shaking of ague. One case presented the following remarkable symptoms: The whole body was tossed to and fro, while every muscle, and each group of muscles seemed to be in incessant activity, the head rolled about on the shoulders, jerking backward and forward, and from side to side, the eyes opened and closed, the eyeballs rolled from side to side, the wings of the nose and corners of the mouth twitched, grimaces distorted the face, the jaw moved backward and forward, the upper and lower extremities jerked as a whole, and each muscle by itself; the convulsions were even so violent that several strong men were unable to hold the patient; it tossed him to and fro, or threw him out of bed. In another case, the patient suffered from general tremors with stammering, at times amounting to most violent convulsions, in which she screamed loud and had to be bound, consciousness, however, was not completely lost; the paroxysms seemed to be worse in the evening, and only in very violent cases did the trembling continue during sleep; the tremors usually prevent sleep, or as soon as the patient falls asleep a convulsive shock wakes him, and the tremor begins anew (tetanic spasms have never been observed).<sup>137</sup>

A word in regard to the use of mercurius in chorea before closing. Although the similarity of the spasmodic effects of mercury to chorea are everywhere recognized, as far as my limited research has gone, I can find no evidence of the use of this metal in the treatment of the disease, except a recent negative statement of Prof. T. F. Allen, in a lecture on mercurius, published in the Chironian for December, 1887. Having previously spoken of the chorea-like nature of the mercurial spasm, he says: "Some of these tremors were wonderfully like paralysis agitans, but yet they are different, at least, I have never been able to cure a case of paralysis agitans by the use of any preparation of mercury, *nor indeed do I remember ever succeeding with mercury in a case of chorea.*"\* These tremors are *sui generis*, and it is very doubtful if we meet with a similar condition in any natural disease." Entirely aside from my very limited experience in the use of mercury in the treatment of chorea, I cannot but feel confident, with a picture of its neurotic symptoms before me, that it will be found a valuable remedy in this disease when we have to deal with cases in which the movements are universal, and of great violence as in the one case reported; and even so, in the absence of other symptoms, as furred tongue, fœtor oris, salivation, sweat, aggravation from heat, etc., which we invariably look for before prescribing this metal.

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\*The italics are mine.

NOTE. Since the above was written I have treated a man far advanced with lateral sclerosis, who, after the advent of cerebral symptoms a number of weeks before death, developed most violent and lasting tonic contractions of the upper extremities, for which several remedies were used in turn without benefit, until mercurius v.<sup>3x</sup> was prescribed with the most striking result. From this time on until the patient died, one or at most two powders of the remedy never failed to mitigate the severity of this most troublesome symptom whenever it appeared.

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### THE PARALYSES.\*

BY J. T. O'CONNOR, M. D., NEW YORK.

GENTLEMEN: If on your way to college to-day you had overheard some passer-by say that a friend had been paralyzed, the word "paralyzed" would have conveyed no real meaning to you if you know anything of the subject. The ordinary non-medical person who hears the word used has, very likely, the idea that it means complete loss of muscular power, and the medical student does not need to go very far in his studies of physiology and anatomy to know that the word "paralysis" by itself may be applied to any one of half a dozen different conditions.

We will use the term to indicate a loss of nerve-function in nerves distributed to muscles, although it is applied where the loss of function involves a nerve which carries impulses to secreting organs, and also nerves transmitting sensory impulses. In the latter case, however, the term *anæsthesia* is more suitable. You know from your studies of the past two years that one set of muscles supplied by one definite nerve may be useless to the individual, owing to a lesion in that nerve, or that one set of muscles not innervated by one nerve yet having one combined physiological action may be useless, as in paralysis of the anterior tibial or the peroneal group of muscles, the lesion in this case existing in certain aggregations of large ganglion-cells in the anterior gray horns of the spinal cord. Here, then, are two cases in which groups of muscles may be useless, and yet the paralysis in the one case is to be differentiated from that in the other.

Then again there may be paralysis of one limb as a whole. This is of cerebral origin. But a paralysis of many muscles of one arm, especially in its upper part, is seen now and then. It is known as

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\*Being the introductory in a course of Lectures on the Symptoms of Nervous Diseases, given to the senior class of the New York Homœopathic Medical College, beginning January 9, 1888.



Erb's paralysis, and occurs in infants and is caused by pressure made, during delivery, upon the brachial plexus, just above the clavicle. Such a paralysis may be mistaken for complete paralysis of the limb.

Paralysis of arm and leg of the same side is due to a lesion in the brain, in the motor areas for arm and leg in the cortex of the hemisphere of the opposite side. It is possible for an injury to one side of the cord in the upper cervical region to result in such paralysis, but there will then be something else—the sensations from the other side of the body will be impaired or lost. A knife-thrust could thus injure one lateral half of the cord without injuring the other, but a disease-process, such as myelitis, is not thus limited.

Facial paralysis is of two types. In the one known as Bell's palsy, the lesion is in the trunk of the nerve after it has emerged from the the brain at the lower border of the pons. In this case all three branches of distribution of the nerve are paralyzed, the affected side of the face drops, the naso-labial fold is smoothed out, the patient cannot draw up the affected side of the mouth nor wrinkle the affected side of the forehead, while the distinctive feature of this form of paralysis is the inability to close the eye of the affected side—it stands open even during sleep and the instinctive closure of the lids against foreign bodies is lost.

The cerebral type of facial paralysis, whether alone or as part of a hemiplegia, has the same symptoms, except that the eyelid is not affected nor the frontalis muscle. In this case the upper branch of the facial nerve has somehow escaped. But how? This has long been a puzzle to neurologists. It has been supposed that, on both sides, the eyelids and frontales muscles were innervated from both halves of the brain equally, or that there was a separate undiscovered nucleus on each side for the nerve fibres to these parts. When the nucleus of the seventh nerve, below the floor of the fourth ventricle, is destroyed as it sometimes is, by disease, the eyelid and frontalis muscle escape, and I am not aware of any case of nuclear disease in which the eyelid could not be closed. The experiments of Mendel shed some light on the subject. He has shown that in the Guinea-pig and rabbit, when the young animal is deprived of the upper eyelid and frontalis muscle of one side, the wound allowed to heal and the animal kept until maturity, there is found upon post-mortem examination no degeneration of the facial nucleus; but there is positive and great degeneration of the posterior part of the nucleus of the third nerve, below the aqueduct of Sylvius. This, then, accounts for the clinical facts as we find them in man, and we can now readily understand that even in degen-

erative conditions in the whole of the third nerve nucleus we ought not to see the open eyelid of Bell's palsy, for the muscle that keeps it open (the levator palpebræ) is powerless, together with all the muscles innervated by the third nerve.

You have heard me use the terms motor-area of cortex, nucleus of nerve origin, and nerve trunk—all in connection with the idea of paralysis. A word or two of explanation may be of service here. It is a law of the construction of the nervous system that an impulse from or to the cortex does not pass through a continuous fibre, but that there is interpolated somewhere in the pathway of transmission a nerve-cell. This is very readily seen in the motor tract and in the tracts of the cranial nerves. The motor tract arises by prolongation of the axis-cylinder process from each ganglion-cell of the motor cortical area. The fibres, appearing white *en masse* from the presence of the myeline sheath, make up at first a part of the centrum semiovale, then converge into the internal capsule lying between the lenticular nucleus on the outside and the caudate nucleus and the optic thalamus on the inside. At the base of the brain they emerge in the crus, occupying the middle third of its pes, then passing into the pons they are separated, possibly ending there in part. At the beginning of the lower third of the pons the fibres from the cortical motor area for the face cross over the median line and end in large nerve cells found in that portion. This aggregation of cells we know as the nucleus of the facial nerve. From its cells new fibres arise to emerge at the lower border of the pons as the trunk of that nerve. The fibres for the upper facial distribution have probably come down from the posterior part of the third nerve nucleus by way of the posterior longitudinal bundle to join the fibres from the nucleus of the seventh.

Now, another word or two of explanation. It is known that when a nerve fibre is cut across, only a part of it undergoes degeneration, that is, the part cut off from its source of nutrition. At first consideration we might think that the peripheral portion would degenerate, but this is not always so, for some tracts of nerve fibres degenerate upwards after injury along their course. Without going deeper into the physiological and anatomical details I may say that degeneration usually occurs in the direction in which the fibre transmits impulses, and extends to the end of the fibre. Thus, in the motor tract a lesion anywhere will be followed by this secondary degeneration, whether the lesion be situated in the cortical motor area, the centrum semiovale, the internal capsule, the crus, the pons or the spinal cord, the degeneration extending downward and ending with



the termination of the fibre, that is, at its junction with a large motor cell in the anterior gray horn of the cord. We are thus furnished with a very important aid in diagnosing a paralysis due to a lesion in the central half of the motor tract, that is, between the cortex and the ganglion-cells in the anterior horn of the cord, from one due to a lesion in the peripheral half of the motor tract, that is, between the ganglion-cells in the anterior gray horns of the cord and the periphery. Thus we see that the nutrition of the fibre in the central half is received from the cell of the cortex, but in the peripheral half it is from the large cell in the anterior gray horn.

In the sensory fibres of the spinal nerves the matter is not so readily understood. You know that these nerves emerge from the cord in two divisions or roots, an anterior or motor, and a posterior or sensory, and at some distance from their emergence the two roots unite to form one trunk. Now, upon the posterior root, before it joins the anterior, is a large aggregation of cells, forming what is known as the posterior spinal ganglion. The cells of this ganglion have something to do with the nutrition of the sensory fibres, but exactly what we do not as yet know. When a peripheral nerve is cut across, all of its motor fibres degenerate from the point of section outwards, and this is so, too, of the sensory fibres, but the portion of the latter in connection with the posterior spinal ganglion is still nourished. If the sensory root is cut across between the ganglion and the cord the peripheral, cut-off portion does not degenerate. The ganglion, therefore, exercises a trophic or nutritional influence on the sensory fibres outwards. But it also does this in an inward direction, for if the section be as in the last instance, between the ganglion and the cord, we find that the fibres of the sensory root degenerate from the point of section upward, and this degeneration can be traced upward as far as the medulla at least. Moreover, if the ganglion itself be destroyed, the sensory fibres passing through it degenerate in both directions, centrally and peripherally.

Now, ordinary sensation is divisible into the sensations of touch, temperature and pain, and also the muscular sense. By the latter we know the position of our limbs through information sent to our consciousness concerning the position, degree of tension, etc., of different muscles. The fibres for muscular sense enter the cord in the column of Burdach, and as we ascend to successively higher levels we find that the newly incoming fibres push towards the median line the fibres which entered below. Thus is formed the column of Goll. We shall consider these columns and their fibres in detail when treating of locomotor ataxia, but just here it will not be out of place to say that when

a peripheral nerve is divided, although sensation and motion, as far as they depend upon the integrity of the injured nerve, are lost, the muscular sense in the territory innervated by the nerve is not lost. Hence we must assume that between the muscular sense fibres of one nerve and those of a nerve near by there must be a very full anastomosis in the terminal distributions.

In a case of paralysis confined to one limb the loss of motor power in muscles innervated by one nerve, and the anæsthesia or paræsthesia in its sensory distribution will enable you to say that the trouble is in that nerve. What the lesion is must be determined by extended examination—it may be due to a stab, or to pressure, or to neuritis of other origin.

If the paralysis in one limb exhibits itself in loss of power in muscles innervated by different nerves, and especially in muscles that act together in some one physiologically combined motion, and if there is no impairment of sensation, you must look for its cause to some diseased condition in the aggregations of large motor-cells in the anterior gray horns of the cord.

Should the paralysis affect as a whole the two limbs of one side, remember the possibility of its being of spinal origin from injury, as already mentioned, but also remember the clinical presumption that its cause is in the cortex or the lower part of the pons, or in the medulla. If the face is involved, but on the side opposite to the paralyzed limbs the lesion is in the lower third of the pons, while if face and limbs of the same side are affected the lesion is above the last named site.

Paraplegia or paralysis of both lower limbs is due to transverse lesion of the cord, it may be in the lumbar or in the dorsal region. Here the loss of sensation, loss of power (usually) over the sphincters and the girdle-sensation will call your attention to the cord as the structure at fault.

I have said nothing of the presence or absence of atrophy in the muscles. This begins at once on the occurrence of a lesion in the peripheral segment of the motor tract, that is, if the lesion is in the ganglion-cells in the anterior gray horns of the cord or in the nerve itself. If the lesion is in the central segment of the motor tract, no atrophy follows except that which results from want of use. The large cells spoken of have a nutritional influence upon the muscles governed by them as well as upon the nerve-fibres given off from them. The distinction between the slight atrophy brought on by want of use in a muscle, and that resulting from degeneration in the



ganglion-cells or the nerve trunk is well differentiated by the use of the faradic current, but this method of diagnosis must be left until we study the special symptoms of cerebral hemiplegia.

A form of paralysis involving one, two, three or all the limbs is seen in severe cases of multiple neuritis. If the two lower limbs are affected it may in some respects simulate paraplegia of spinal origin while if the disease has not progressed very far the diagnosis of a double sciatica may be erroneously made. The diagnosis of double sciatica is always to be received with doubt. Fortunately, in multiple neuritis the clinical picture is rather characteristic. The paralysis when present is usually limited to the peripheral half of the limb, that is, to the lower leg and the forearm and to the extensor more than the flexor muscles—the latter, however, is the case frequently in paralysis, of cerebral or of poliomyelitic origin, so that we may almost believe there is some greater innervation to the flexors than the extensors. In a well marked case of paralysis from multiple neuritis the patient has “drop-wrist,” as in lead paralysis and musculo-spiral paralysis, and he has “drop-foot,” so that the point of the foot is directed downward. Hence, if able to walk at all his gait is peculiar, the thigh muscles acting strongly to lift the “dropped” toes from the ground and throwing the fore-leg forward, the foot then coming down with a flail-like motion. A similar walk is seen in some cases of poliomyelitis anterior, but in multiple neuritis the sensory disturbances will be of great service in diagnosis. Areas of anæsthesia surrounded by areas of hyperæsthesia, or *vice versa*, tenderness on pressure along the course of the nerve trunks, impairment of the temperature-sense for heat and often hypersensitiveness of the limb to cold, will enable you to make up your diagnosis. The loss of sensibility to heat is sometimes so great that patients through their not appreciating the great degree of heat employed, have been severely scalded by the application to the limbs of cloths wrung out of hot water.

We have now seen, gentlemen, some of the problems that are mentally presented to us when we hear the word “paralysis” used, and we have seen also how important it is to have a thorough knowledge of the physiology and anatomy of the nervous system, not only in gross but also in the finer details, if we are to be enabled to differentiate the paralysees, one from another. The most important of these is paralysis of cerebral origin, and for its understanding we must lay a good foundation by the study of the brain, its cortical areas, its tracts and its great ganglia. The first two of these will occupy us at the next lecture.

## THE WORK OF HOMŒOPATHY IN THE ADVANCEMENT OF MEDICAL SCIENCE.

Presidential Address, delivered before the Philadelphia County Homœopathic Medical Society,  
May 10, 1888.

W. H. BIGLER, M. D., Philadelphia.

In accepting the honor that you have so unexpectedly again conferred upon me, let me congratulate the Society upon the success that has attended the re-introduction of the bureau system. While we would hardly like to maintain that the meetings have always been all that could be desired, or that the interest taken in the discussions has been overwhelming, we can say, I think, without fear of contradiction, that no evening has passed without offering something of value or interest to those that attended, to compensate them for their self-sacrifice. We acknowledge that it is often a case of self-sacrifice, after a weary day's work, to forsake the quiet rest of one's study and the companionship of one's favorite authors, to come here, to meet we know not whom, to hear we know not what. It is far easier to remain comfortably ensconced at home, from that vantage ground to rail at the slowness of the meetings, the dryness of the essays, and the want of interest in the discussions, and to quiet what is still left of our conscientious scruples by the soothing consideration that the time can be spent much more profitably elsewhere. We forget, however, too often that we have received no absolution from the duty to contribute to the interest of the meetings by our presence at least; that we have no right, when there, to expect only to be entertained by others; but that it is our *duty* to help entertain. If we each try to perform *our* duty we will have less time, and certainly less occasion, to censure others for the neglect of theirs.

These remarks are meant, like the minister's scoldings of absentees, not for the faithful few present this evening, but for those that are absent, and are intended to furnish us with arguments whereby we may be able to induce them to attend.

I see no reason to suggest any change in the present form of our bureau system. If faithfully carried out, it seems to afford the best guarantee of systematic activity in the bureaus, while affording at the same time ample opportunity for independent working among the members outside of these.

We do not often enough seek to realize the object of a society such as ours. We will not deny that it should have a large social element; that it should be a rallying point for the otherwise isolated, independent members of the profession. They should feel themselves bound



more closely together by this association, and should derive from it a moral support that would enable them to work in their profession with greater zeal and more unselfish activity. I have often wondered why the County Society seemed to exert so slight an influence upon the professional life of this city. The only reason that has presented itself to my mind as at all capable of explaining the fact was that it was too cheap. We prize our possessions according to what we have been obliged to pay for them. Were the requirements for admission into this society more stringent, or were the fees higher, perhaps membership in it would be more valued. Perhaps even the name of *Fellows* applied to her members, might, like the mortar-board hats of the University students, tend to foster an *esprit de corps*!

I will not enlarge upon this feature of the Society, but will proceed to present a few thoughts on what I deem the main object of our associating ourselves together, viz. the development and advancement of medical science in general and homœopathy in particular.

It is not difficult to recognize a tendency in some branches of our school to draw more from allopathic sources than from homœopathic, and to resort too speedily to their methods without having given our own a fair trial. We do not for a moment wish to impugn the motives of those who feel called on to do this. They do it no doubt for what they regard as the best interests of their patients, and that, with conscientious physicians, should and will always be the first and highest consideration. But is the lack of confidence in the power of homœopathy which such a course implies, justified by the facts of the case? Decidedly not. Our journals are full of the narratives of well authenticated cases where remedies selected according to the homœopathic principles have cured, and frequently cured after all other means have been tried in vain. The sessions of our various societies and clubs are rendered interesting and instructive by just such recitals and each one of us has had time and again instances where there could be no room for doubt that the truth of the homœopathic principle had been vindicated. Last, but not least, we find that our whilom opponents are quietly appropriating many of the results of the application of our principle, and in many ways showing a tendency to approach the therapeutics of our school. Why then, in view of these undoubted facts, does the equally undoubted fact remain of a waning confidence in homœopathy on the part of many?

We think it can be traced directly to the influence of the excessive claims set up by some of the advocates of homœopathy.

In religion we see how the creeds, by enlarging the sphere of their

demands, have aroused a skepticism so widespread and deep as to threaten the very foundations of all belief. By demanding too much it is in danger of losing all. All history is but an illustration of action and reaction, superstition and skepticism, the swinging of the pendulum of so-called progress from one extreme to the other, real progress being possible only by shifting the plane in which the pendulum swings.

In homœopathy we think we can trace the present skeptical bias to the great, and, in many instances, unfounded and unwarranted demands made upon our credulity. We meet such demands in the classics of our school, and they constantly occur in the literature of our own day. I call it an unwarranted demand upon our credulity when the homœopathic principle is applied outside of its true and appropriate sphere; or when marvelous cases of cures are reported, according to our principle, and all possibility of error has not been eliminated, or when the evidence is such as cannot stand adverse criticism. Not every one is capable of making correct observations and there are many perfectly honest upright persons, upon the evidence of whose senses I, for one, would hesitate to rely. We all know how prone we are to adopt the legal fallacy—*falsus in uno, falsus in omnibus*, and to learn to doubt and disbelieve on just as little evidence, as others would have us make the foundation of our belief.

The attitude of mental suspense that should characterize every earnest inquirer while critically examining the evidences of an alleged fact or truth, is something far different from the carping disbelief which rejects at once what seems strange or unusual. The former we have always urged—the latter we have always deprecated.

Imitation is the greatest flattery, and in view of the various ways in which allopathy has imitated the practices of homœopathy, an attitude of skepticism towards our own achievements by which this tacit recognition has been won, would be particularly traitorous.

Our duty then is, with full faith in the essentials of homœopathy, critically to prove all things and to hold fast to the best, and to contribute our own peculiar share to the advancement of medical science. I say peculiar, advisedly, for I think that all branches of medicine may be cultivated in a manner peculiar to homœopathy. It is too often imagined that it has only to do with therapeutics, and that its efforts must be confined to enlarging and enriching the materia medica. It is true that its glory is that it makes of this branch the highest and elevates its study to a position not accorded it in the other schools. In this it is peculiar and its most strenuous endeavors are directed to de-



veloping a materia medica that shall be the best possible one for use in the cure of the sick. Not the *similia* nor the *similibus* but the *curantur* is the goal of homœopathy. In reading the cases reported in the journals of the old school we will be struck with the general fact that the diagnosis of the disease in its various points is the main object kept in view, and that the effects of remedies are regarded as means of confirming this, only a little less satisfactory than the autopsies. The homœopathic subordination of every other idea to that of practical therapeutic utility will of course modify in a measure the homœopath's activity in the domain of scientific medicine. The second important point in which homœopathy is peculiar, though not to the same extent as formerly, is the demand for an accurate knowledge of the weapons to be used against disease, to be obtained only through provings on the healthy. This, after having been made by Hahnemann the basis of his *mat. med. pura*, has gradually found such favor with those of the other school, that it seems hardly possible that not so long ago, so many physicians were using powerful drugs, the knowledge whose effects was of the most superficial and imperfect kind. Even now the various new remedies—and their name is legion—are employed on some one special indication, and it is only through the sufferings of the sick that somewhat of their range is gradually revealed. This method wants the scientific precision which the homœopathic demand for provings of all remedies supplies, and in so far this latter has peculiar merits in the development of medical science.

It is not only the general manner of noticing the effects of a drug, but the methods suggested by Hahnemann that are of peculiar value. The rather loose way in which many of the symptoms have been obtained, the peculiar manner in which many of them are expressed, and the unscientific but practical way in which they have been grouped, have obviously stood in the way of that universal recognition of the value of our materia medica which it is bound in the future to obtain. More and more do we find attention paid to apparently trivial symptoms, their true import sought after and explained, and thereby remote effects and affinities discovered.

This brings us to a point well deserving consideration. In what, excepting materia medica and therapeutics, has homœopathy contributed to medical science? Have we not been content too much to follow in the footsteps of others? We have substantiated truths discovered by others; adopted procedures suggested by others, and have done this with all zeal and rapidity, but of original research there is and has been a dearth in our school. And yet how wide a field lies

open to be occupied in the domains of pathology! What wonderfully suggestive indications are given us by our *materia medica*! What new lines of investigation in this branch are pointed out to us by our provings! How readily could those whose taste lie in that direction, work toward the development of a pathology according to the guiding principles and maxims of homœopathy! Webster said that in his profession there was always room at the top—here there is still room on the ground floor—waiting to be occupied by some young enthusiast, holding out to such rich promises of distinction and success.

Again, in the various specialities, homœopathy has its own peculiar work to perform. Through the habit of obtaining the “totality of the symptoms” the homœopath is, or should be trained to regard all symptoms as interdependent,—and the doctrines of dyscrasias, and constitution, even the much ridiculed psora—have all a tendency to prevent the onesidedness that is the common and not unjust, reproach of the specialist. The various organs would in our specialists’ hands again become parts of one body and not mere *membra disjecta*, and the list of medicinally curable diseases would be greatly enlarged. Finally, for I will not weary you with more than suggestions, in the hands of the homœopath, the claims of *individualism* must according to his principle receive recognition. If there is anything contrary to the genius of homœopathy it is any attempt at generalization whereby the possibility of individual differences is lost sight of. This is done when we attempt to introduce into the science of homœopathy, rules for the practice of our art, regardless of the varieties of individual and circumstance; when, figuratively speaking, we make the variable by-laws part of the constitution. It is true that science consists in a great measure of generalizations, but these are founded upon individualizations, and the truth of science depends entirely upon the comprehensiveness and accuracy of these latter. It falls, therefore, naturally to homœopathy, as its own peculiar work to furnish the true basis for medical science by the results of its thoroughly analytical method.

I have thus imperfectly endeavored to point out in what direction Homœopathy has its own peculiar work to perform; work to which it is particularly fitted by its universally acknowledged principles. Far, then, from considering the mission of homœopathy as completed—far from being willing to surrender our distinctive title—which *at the present time*, and with the present attitude of the old school, would be tantamount to a surrender of our existence and principles—we should recognize fully the work that *we* have to perform, and *which alone can justify our continued separate existence*. Let us not confound



the non-essentials of Homœopathy—those that were the natural outgrowth and result of what might be called historical conditions—with the essentials—those that underlie the whole science. Let us take hold, with willing hands, of the work that our profession imposes upon us, and let us labor as unselfish, untiring workmen in the field of medical science—but as homœopathic workers.

### HEART SYMPTOMS OF LACHESIS.

(Read before the Philadelphia Materia Medica Convezatione.)

BY EDW. R. SNADER, M. D., PHILA.

The perusal of Allen's *Materia Medica Pura* and Hering's *Condensed* shows rather a meagre array of lachesis cardiac symptoms, and I will present them verbatim, inasmuch as I am asked to attempt an explanation of the rationale of the production of the most characteristic symptomatic phenomena.

Allen : *Feeling of constriction about the heart. Cramp-like pain in the præcordial region, causing palpitation, with anxiety.* Pressure towards the heart from the stomach. Pressure about the heart during fever. *She feels the beating of the heart, with weakness, even to sinking down. Palpitation. Palpitation, causing anxiety.* Pulse increased, full and hard, after moderate exertion, with profuse sweat in the evening. Pulse small and rapid, with hot skin (bite). Pulse full and hard, with headache, catarrh, and drawing in the lower legs.

Hering : Hering has undoubtedly introduced under the heart rubric symptoms referable to other organs—general symptoms making up a cardiac picture—that is, nervous, respiratory and other phenomena that, in a schematically correct arrangement, would appear under other headings. Far from being a fault, I have only to commend this method; for definite symptomatic associations are not subjected to the rude divorce necessary in making an absolutely arbitrary schema. How much more intelligible, and how speaking, the following symptoms, compared with Allen's:

Palpitation, can bear no pressure on the throat or chest; must sit up or lie on the right side; numbness of the left arm; fainting, anxiety. Pericarditis, dropsy, diphtheritic patches in the throat, after scarlatina.

Restless, trembling; anxiety about the heart; hasty speech; suf-

focation on lying down; weight on the chest; heart feels constricted. Rheumatism of the heart.

Cyanosis neonatorum.

Pulse small, weak and accelerated; unequal; intermittent; alternately full and small.

These two small groups of symptoms are really very meagre when we remember that we are considering a poison that affects the very centre of life itself, and acts profoundly on the circulation. We could reasonably expect pronounced, definite cardiac symptoms rather than simple general circulatory or reflex ones. Any attempt, therefore, to explain the manner in which the symptoms are produced, is, by their paucity, by the lack of pathological data, and by the separation of symptoms from associated phenomena (that might throw explanatory light) by the schematic arrangement, renders the explanations more conjectural than they should be. I shall, however, attempt the task, and take up the more prominent symptoms seriatim, with the hope that discussion may elicit new ideas explaining the mechanism of the subjective phenomena.

*Cramp-like pain in the præcordial region, causing palpitation, with anxiety.* That lachesis affects profoundly the sympathetic nervous system, is reasonably beyond cavil. Vasomotor paresis is a pronounced condition, and it is this paresis that probably gives rise to the quoted symptom. The condition necessary to produce the symptoms named, is, then, paresis of the vasomotor system. The blood-vessels lose their tone, gap widely, and loll lazily in their tissue tunnels. The heart's systole attempts to fill these toneless vessels to their full. The ventricle has hardly blood enough in it to feed its walls and to stimulate the heart to action, and when the systole occurs the ventricle contracts, not against a full volume of blood, but almost against the opposing walls, and probably thus produces the cramp-like pain. Palpitation results because the heart does not meet with the accustomed resistance offered by general arterial tension, and the cardiac rhythm becomes disturbed. Mental anxiety is a common, every-day symptom of cardiac disturbance, and it would, indeed, be a marked symptom if the cramp-like pain and palpitation did not produce anxiety. It is quite true that there are marked blood changes in lachesis, and it might be argued that, because nutriment was not supplied to the cardiac walls, owing to the impoverished condition of the blood, the force of the heart was not expended sufficiently to empty completely the ventricular chamber, and by simple pressure (distending the walls) produced the cramp-like distress. Such an explanation is hardly



sufficient, however. Lachesis has produced this symptom subjectively without the blood changes have been observed objectively. The cramp-like distress is, of necessity, in provings, a more constantly occurring symptom than are the blood-changes, and is more easy of occurrence and the explanation is hence more rational.

*Pressure toward the heart from the stomach.* Lachesis is a dyspeptic medicine, and gives rise to a number of symptoms indicating the presence of gastric gases. This is simply a pressure symptom. The gas distends the stomach, pressure is made against the diaphragm and pericardium or upon pneumogastric terminal nerve filaments.

*Pressure about the heart during fever.* This symptom may be explained as has been the preceding one, but is more likely to be the simple oppression that generally follows febrile heart action.

*She feels the beating of the heart, with weakness, even to sinking down.* Here again does vasomotor spasm play a part. With vessel relaxation comes general relaxation, and she sinks down from sheer weakness. The symptom is not directly and specifically a cardiac one; it is circulatory, or systemic, if you please.

*Palpitation, causing anxiety.*—Palpitation generally causes anxiety, as before remarked, from whatever cause produced, and an explanation is not necessary. If lachesis, like sarsaparilla and sulphuric acid, had palpitation without anxiety, it would be a symptom worthy of special note and explanation. I should not feel inclined to regard anxiety as a key-note for the employment of lachesis, but simply as part of a mosaic that would fit in with other symptoms of a lachesis case.

*Pulse increased, full and hard, after moderate exertion, with profuse sweat in the evening.*—This looks like vasomotor spasm in the morning and vasomotor paresis in the evening, with consequent perspiration. The symptom, however, appears more physiological than pathological.

*Pulse small and rapid, with hot skin (bite).* Irritation of the cardiac nerves, or beginning vasomotor spasm probably accounts for this symptom.

*Pulse full and hard, with headache, catarrh, and drawing in the lower limbs.* The pulse is simply a febrile one, inasmuch as there are no indications that either the headache or catarrh were peculiar in themselves, or that they were produced by the lachesis.

The symptoms: Must sit up or lie on the right side; numbness of the left arm; fainting; anxiety; suffocation on lying down; weight on the chest—are found in nearly all of the cardiac remedies, and in

many of the cardiac diseases, and the rationale of their production is readily understood.

*Cannot bear pressure on the throat or chest*, is simply the lachesis hyperæsthesia.

*Hasty speech* is a nervous symptom, or the lachesis loquacity paraphrased.

*Anxiety about the heart*, is, unfortunately, not susceptible of explanation, on account of its ambiguity. It may mean that there has been a subjectively temporary transference of the cerebral function of thinking to the cardiac region, or it may mean simply anxiety concerning the heart.

Pericarditis, dropsy, diphtheritic patches in the throat, after scarlatina, are evidently clinical interpolations, as is also rheumatism of the heart, and cyanosis neonatorum.

*Pulse small, weak, and accelerated; unequal, intermittent; alternately full and small*. Of this group, I should be inclined to regard the symptoms, *alternately full and small pulse*, as most suggestive and distinctly cardiac. Burt, speaking of the action of lachesis on the heart, asserts that it causes paralysis, but gives no data to prove the assertion. He refers the reader to crocalus as having a similar action to lachesis, and the former drug, in poisonings on animals, shows some symptoms that look like cardiac paralysis, but they also look as if the cardiac phenomena were but the expression of a general and profound asthenia.

To sum up: Lachesis is not pre-eminently a cardiac remedy *per se*. Most of the symptoms are but the expression of a general systemic condition. The blood is profoundly affected, and the circulatory and heart symptoms are resultants. The most distinctive symptoms are the *non-proved cardiac paralysis, the feeling of constriction about the heart, the cramp-like pain in the præ-cordial region\**, causing palpitation, with anxiety, and she feels the beating of the heart, with weakness, even to sinking down.

I believe that lachesis must be selected on other symptoms than those presented by the heart in the vast majority of cases, but I also believe that its field is too limited. Lachesis should always be thought of in weak heart, when the weak heart is the expression of a profound general asthenia.

In cyanosis neonatorum the remedy does not seem to me to be as well indicated from a pathologico-symptomatic standpoint as ant. tart. The blue surface so frequently suggestive of lachesis, in that

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\* *Feeling of constriction about the heart*.—Vasomotor spasm is also quite sufficient to account for this symptom. It is the cramp-like distress on a small scale.



drug, is due to profound blood alterations, and less than ant. tart., if at all, to deficient oxygenation. Ant. tart. has a direct, specific cardiac action. I do not mean to say that lachesis has not achieved results in this field, for it has, but I cannot but regard ant. tart. as the superior of lachesis.

In women at the climateric period, when disturbances of the sympathetic system are so marked, lachesis ought to prove—and has proven—of sovereign value.

In dropsies, due to weak heart, associated with blood changes, or hæmatogenous icterus; in hemorrhagic pericarditis, in rheumatic endocarditis, where the weakness is great, lachesis should be thought of. Theoretically, lachesis ought to be the greatest remedy in the *materia medica* for diphtheria. The blood changes, the weak heart, the great prostration, the putrescence of all discharges, all call for it. I think lachesis ought to be used, too, after recovery from diphtheria, when the patient is beginning to go about, to prevent the heart failure that not infrequently occurs after the patients are about and upon their feet. Allow me also to suggest a new use for this poison. That grand characteristic “worse after sleep,” has led me to believe that lachesis would be of service in the palpitation of lithiasis. It is true that the blood of these patients is saturated with nitrogenized waste, and that the retention of this material is the cause of their being worse after sleep, but symptomatically there seems to be a gross similitude between lachesis and the uric acid diathesis. The palpitation, the worse after sleep, the gastric symptoms, the mental forebodings, are often present in the disease named.

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#### A CASE OF EPILEPSY.

BY CLARENCE M. CONANT, M. D., ORANGE, N. J.

Read before the N. J. State Hom. Med. Society, May, 1886.

The subjoined experience being excessively unique in many features I venture to report it to the Society.

That it was mortifying to the writer you will hardly doubt, when you have heard the paper. But that it was a case of great interest and taught its lessons, I think you will also agree.

A little boy, æt. 7 or 8 years, suddenly fell down, without any previous illness or appreciable premonitory symptom. He half laughed and half cried and begged that his right leg and arm be rubbed. When asked “do the limbs ache or hurt you,” he would always reply “I don’t know, but please rub me.” The attack would last a few moments and, passing off, would leave the affected limbs

helpless and numb as if asleep. When walking or using the arm, the limb seemed semi-helpless. After the earlier attacks, this condition wholly passed off in an hour or two. The first attacks came on regularly on awaking in the morning only, about 7 A. M., but after about a week, one or two followed during the day. After about three weeks, the early morning and day-attacks became lighter and less frequent, and finally ceased altogether, while the nights, which at first were free, became frequently disturbed by paroxysms, until, in about a month from the first seizure, there was very rarely any attack during the day, the first one occurring soon after falling asleep, and frequent paroxysms occurred all night, often as many as two an hour until about daylight when they ceased. The epileptiform character now became marked. Sometimes a paroxysm occurred during sleep, the patient not arousing. But more often he awaked, begging to be rubbed; there was opisthotonos, or the head was drawn to the right, clonic spasm all over, and complete loss of consciousness; after the spasm, complete exhaustion and sweat. Sometimes he would often come out of a paroxysm and seem greatly surprised to be told that he had suffered an attack. During the intervals, an increasing ugliness of temper and dogged obstinacy were observed, the boy having been previously of a very even, docile disposition. The prescription was almost every drug likely to do any good. One of the most sagacious psychologists in the country was associated with me in the case, but all to no avail. The boy steadily grew weaker, more clumsy and helpless, morose and stupid. While the attack increased in vigor and frequency, everywhere was a cause sought, but in vain. An adherent prepuce discovered, I thought certainly was the key to the situation; a simple operation and a protracted use of vaseline freed the glans penis, but without the slightest result. The family urged the presence of a tape-worm, and to satisfy them a vigorous course of anti-tape-worm treatment was pursued, but brought not even a segment nor any cessation of the spasms. The drugs used were tested in the  $\phi$ , 3d, 30th and 200th. For curiosity's sake I append a list: *Actea rac.*, *agaricus*, *apis*, *arg. nitr.*, *arsenic*, *bell.* (and *atropine*), *bry.*, *bufo*, *calc. carb.*, *cannab. indica*, *caust.*, *cham.*, *cicuta*, *cina* (and *santon.*), *cupr. met.*, *gels.*, *helleb.*, *hyosc.*, *ignatia*, *kali. bi.* and *carb.*, *lach.*, *lauro.*, *mezereum*, *nux. mos.* and *vom.*, *phos.*, *phos. acid.*, *puls.*, *secale*, *sepia*, *silicea*, *squilla*, *stannum*, *staph.*, *sticta*, *stram.*, *sulph.*, *zinc met.*, and *verat. vir.* At last he received *zinc ox.* 3 x. *trit.* two grains every two hours. For two days, he had decreasing paroxysms and the third day none. Now, gentlemen, I wish I could stop here, but I must go



on. You may imagine how I threw up my hat and expatiated on the beauties of homœopathy. But listen to the mortifying sequel, the fourth of the paroxysms recurred slightly, the fifth was worse, and on the sixth he was as bad as ever. In vain we travelled up the scale of dilution, and equally in vain; we travelled down again; it was the same case every day and every night. It has always been a mystery to me why the oxide of zinc at first arrested the paroxysms and then so signally failed.

At the urgent solicitation of the family, the best prescriptions known to allopathy were now tried. The bromides seemed for a time to slightly decrease the violence of the paroxysms, but never produced any marked effect, although pushed to huge doses.

A nine months' struggle found the physicians disheartened and the family desperate. And one day the mother enquired, deferentially, would I mind if she should take the child to a clairvoyant? Nor would she go without my consent and presence. It happened, I knew the fellow, I had attended his wife in confinement. He was an illiterate man, but I had seen some very remarkable instances of his powers of clairvoyance in the finding of lost or concealed property. With no hope of any benefit, but to satisfy the family and incidentally amuse myself, the mother and I took the boy to "Dr." Sagindorf. The usual trance scene was enacted, and an unintelligible jargon of a diagnosis was given, a positive and complete cure was promised, and the following unique prescription made.

R<sub>y</sub>.

- 1 oz. sass. root.
- $\frac{1}{4}$  oz. mezereum root.
- $\frac{1}{4}$  oz. pœonia root.
- $\frac{1}{4}$  oz. mandrake root.
- $\frac{1}{2}$  oz. buchu leaves.
- $\frac{1}{2}$  oz. Prince's pine tops.

Compound in an iron vessel, adding 3 quarts of warm water, strain through a cloth, simmer to  $1\frac{1}{2}$  pints. When cold, add  $\frac{1}{2}$  pint sp. vin. rect., and place in two bottles in a cool place. Give  $\frac{1}{2}$  teaspoonful three times a day for four days; after that, one whole teaspoonful three times a day. After using this a week, improvement began and slowly continued. The paroxysms became less violent and frequent, and at the end of about a month ceased altogether, and at this date, now about nine months, have not returned.

A careful analysis of this prescription fails to show any of its components as distinctly homœopathic to the case according to our recorded

provings and observations. The nearest drug is mezereum, and that drug had already been exhibited in potency. Is this, indeed, one of those to me rare cases in which a large material dose is required to develop a curative reaction?

If we examine the pathogenesis of mezereum we shall find the right leg and arm especially affected on waking, disturbed sleep, nightmare, etc., and somewhat corresponding mental symptoms.

And yet the question remains to my mind unanswered, what cured this case?

## THE ACTION OF SERPENT POISONS UPON THE BLOOD AND UPON THE NERVOUS SYSTEM, ETC.

BY JOHN C. MORGAN, M.D., Philadelphia.

*Bibliography.*—A full bibliography may well be dispensed with in such a paper as this, and the more readily as the latest work, bearing the name of Dr. S. W. Mitchell, furnishes it exhaustively.

There are, however, certain landmarks in the literature of the subject which we will here note, to wit:

1. "Osservazione Intorno alle Vipera," by Francisco Redi, Florence, 1664.
2. "Nouvelles Experiences sur la Vipere," by Moyse Charas, Paris, 1672.
3. "Ricerca Filosofiche sopra il Veneno della Vipera," by Felix Fontana, Lucca, 1767.
4. The work of M. Sage, of the Academy of Sciences, Paris, 1777.
5. The work of Dr. Patrick Russell, "East India Company, 1796."
6. The works of Boag, Williams, Breton, Butler of the Calcutta Society, etc., 1799, 1801, 1825, 1826.
7. Dr. C. Hering's Essays on *Lachesis* and *Orotalus*, 1837. See Allen's Encyclopædia of Materia Medica.
8. The Researches of Prince Lucien Bonaparte, with reference to the European viper, 1843.
9. The Essays of Dr. S. Weir Mitchell, published by the Smithsonian Institution, at Washington, D. C., as part of its "Contributions to Knowledge," 1861, 1868, 1886.

[In his earlier works, Dr. Mitchell dealt mainly with the rattlesnake of this country; later with the aid of Prof. Reichert, of the University of Pennsylvania, and many other gentlemen, at home and abroad, he considered foreign serpents as well, and greatly extended the scientific scope of his work. His last publication is entitled: "Researches upon the Venom of Poisonous Serpents; by S. Weir Mitchell,



M. D., Member of the National Academy of Sciences ; President of the College of Physicians of Philadelphia ; and Edward T. Reichert, M. D., Professor of Physiology in the University of Pennsylvania. Washington: "Smithsonian Contributions to Knowledge," 1886.

10. "Ophidians," by C. H. Higgins.

11. Besides these we note the work of Vincent Richards, Esq., the chairman of an Indian government commission, on "Antidotes," 1874.

12. "Indian Snake Poisons ; their Nature and Effects, by A. J. Wall M.D., F. R. C. S., 1883." London: W. H. Allen & Co., 13 Waterloo Place, Pall Mall, S. W.

13. The works of Sir Joseph Fayrer, K. C. S. I., M. D., F. R. S. ; "The Thanatophidia of India," etc.

"On the Nature of Snake Poison ; its Effects on Living Creatures and the Present Aspect of the Treatment of the Poisoned." London : Printed by Bale & Sons, Great Litchfield St., 1884.

The previous essays of Prof. Fayrer appeared in the *Medical Gazette*, of Calcutta, and elsewhere, in 1872, 1873, and 1875.

He presents the following classification :

ORDER *Ophidii*.—Three subdivisions, viz.: 1. Colubriformes innocents ; 1. Colubriformes venenosi ; ex. *cobra* ; 3. Viperiformes ; ex. *rattlesnake*. Zoologically, a coluber as by Linnæus put in to contrast with a viper by the simple distinction that the round of plates beneath the tail, in the former is arranged in *pairs* ; not so in the latter, the generic characters are much more differentiated. See Encyc. Brit., loc. cit.

Both the second and third are venomous. Their anatomy is specific, as to the head, the lateral and other bones showing a mobility suited to their deadly function, and the poison glands, located like the parotid—with their duct (the *daboia* of India, showing also a glandular appendix to this) ending in fangs near the front of the mouth, externally to the one row of proper teeth, of which the harmless snakes have two rows.

The seizing of snakes to deprive them of their venom, according to Dr. Mitchell, is best done by means of a leathern thong passed through holes near the end of a stick, forming a loop in which the neck is caught and which is then drawn tight. This is certainly preferable to chloroforming, when homœopathic preparations are in view, since these become contaminated by the admixture.

The specific gravity of venom (of the cobra) is stated at 1.058.

Our most convenient and satisfactory authority, at present, as well as the most recent, is the joint work of Drs. S. W. Mitchell and E.

T. Reichert, of Philadelphia, so far as relates to the *general* science of the subject; but as to the interests of modern therapeutics, we must unhesitatingly give the first place to our own Hering, in connection (1837) with the *lachesis* of South America, and the *crotalus horridus* of North America; and after him, to J. W. Hayward, M.D., of Liverpool, to whom we are indebted for the study of serpents of the Old World, particularly of the *naja tripudians*, or cobra; lastly, but important, the many homœopathic physicians whose names stand recorded as observers, in our materia medica. We will here consult, principally, Dr. Mitchell, who, at the outset, regretting the meagreness of published reports from which to deduce the symptomatology of the poisoning as observed in man, says, "If, then, in the table of symptoms in man, and in the following remarks upon them, such a lack of detail is met with as would disgrace the most ordinary report of 'an interesting case,' the blame must rest where it belongs, with the physicians of our own country, who have failed thus much in their duty as medical observers." He had evidently but little recked of Dr. Hering's excellent symptomatic detail, as to either the rattlesnake itself, or to the related South American reptile.

Dr. Mitchell's studies brought him to the following generalization, to wit: "It is impossible to review the whole field of observation upon this important subject, without arriving at the conclusion that whatever may be the *degree* of virulence in the poison of different venomous snakes, its mode of affecting the system varies but little, whether the bite be inflicted by the viper, the copperhead, the rattlesnake, or the dreaded, but not more deadly, cobra. Thus, in each case, we have the local poisoning, the constitutional malady, and the possibility of inexplicably rapid death, on the one hand, and of a strange zymotic disease upon the other." (This I may add, is sometimes prolonged over many days, and may even attain to some chronicity).

He proceeds to surmise that, owing to diversities of structure in the poison apparatus, and hence of the storage and delivery of diverse *quantities* merely of the venom, there may be occasioned the variety of effects supposed to inhere in the numerous species of this ophidian order—and remarks that "even one *Crotalus* bite varies from another, as much as that of the mocassin from the cobra"—and that we should therefore be "cautious in asserting distinctions" as to these poisons.

These remarks are opposed to the views of our school, which credits each species of serpent with an individuality decidedly its own. Elsewhere however, he himself draws the parallel between *crotalus* poison-



ing and yellow fever, particularly when hæmorrhagic; adding, that the phenomena are yet by no means identical, but only alike as to *genus*, differing in species—as it were. We may thus quote Mitchell versus Mitchell, on this point.

In all serpent-poisonings, he recognizes, with entire truth, one important generic character, and holds it up to view, viz., the surprising liability to sudden relief of the symptoms, with rapid recovery; from which he infers that the zymotic action is expended wholly upon *existing* elements of the living body, without interfering with the production of new materials—which thus may, at any favorable moment, assert themselves in a speedy return of vital activities. It is by this reasoning, also, that he would avoid the seeming absurdity of the equal value of all proposed remedies, however diverse, such as “snake-roots” of various kinds, alcohol, ammonia, iodine, Bibron’s antidote (composed of iodine, iodide of potassium, and bromine), also olive oil, arsenic, etc., etc.; all of which boast their triumphs. And later, permanganate of potash has rivalled these.

I select some of the principal cases in Dr. M’s. table for the purpose of this paper, as illustrating the zymotic, or fermentative action of these poisons. Thus, a case reported by Dr. W. E. Horner, of this city, showed fluidity of the blood everywhere; and all the muscles were of a brownish yellow color. There was also local swelling, due to serous infiltration. The topical treatment had included cupping, with scarifications, in other words, local blood-letting with the aid of a vacuum, which may, perhaps, explain these appearances—for, again, Pihorel describes a case where there was little or no swelling and the blood was coagulable—the muscles unaltered.

Once more, Sir E. Home’s case, in which *ammonia* was locally used, presented extensive cutaneous sloughing, and a slight extravasation of blood. I have myself witnessed from a hypodermic injection in a pigeon, swelling, ecchymosis and brown discoloration, which, however, may have been the result of the needle-wound. Thus can be seen the need and the significance of direct, careful and critical experiments, which were made in great numbers by Dr. Mitchell.

Of these, a most valuable one is that upon a pigeon, subjected to the bite of a rattlesnake. Its temperature changes were made a particular object of inquiry. Just here we must recollect that its normal temperature is very high; being recorded as 108° F., after capture; or 107.5° when quiet. From the moment of being bitten, there was a quite rapid decline, viz: to 100° during 66 minutes, and by regular gradations.

In dogs, rabbits and frogs, observations were made of the effects upon the blood, the muscles, the blood-vessels, the viscera and the nervous system. Warm blooded animals showed a greater intensity and rapidity of toxic action, than the cold blooded; and a high atmospheric temperature was found to promote it. Dr. M. concludes, therefore, that the method of it is essentially a *fermentation*, as to the blood and tissues generally; and a *narcotism*, as to the nervous system. As a ferment, he regards a small quantity as capable of great multiplication, with wide extension of effects. As pepsin and pancreatine, self-produced by the living body, present peculiar forms of innocent ferment force, it seems not unreasonable to ascribe analogous activities to this, as an abnormal ferment. The rôle of the recently discovered ptomaines also shows that noxious fermentation occurs in the body when vitality has been lowered, and in the animal secretions\*; e. g., the tyrotoxin in degenerated milk, cheese, ice-cream, etc. The changes induced by snake poisoning are distinctly putrefactive, as to the blood and tissues; the narcotism, on the other hand, suggests to all recent writers that the constitution of the venom must include not only the putrefactive ferment, but also a ptomaine-like body, its product, which, like other ptomaines, possesses the qualities of the narcotic or narcotico-acrid alkaloids, such as atropia, muscarine, etc. The vigorous demand of contemporary science is to isolate both of these constituents of snake-venom. Putrefaction is now so generally identified with bacterial action, that its presence here has been suspected, but does not seem to occur primarily. The nature of this ferment should be explicitly determined; whilst the detection of ptomaines, also, as yet, not found, would throw much light upon this subject. Until then, all our researches must remain upon the low plane of empiricism. According to the latest work of Dr. Mitchell, the search has been made for such animal alkaloids with negative results. This, of course, does not prove their non-existence.

Again, among the constituents of the venom are the ordinary secretions of the snake's mouth, containing epithelial cells and salivary corpuscles, white and red blood-globules, and mucus, giving rise to the microscopical appearance of granules, under the lowest powers, but which have been fully studied by Dr. Formad by means of the best objectives; including some ovoid bacteria-like forms, which, however, he could not multiply by pure-culture methods. A second kind

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\*Some years since Dr. B. W. Richardson, of London, affirmed "The Glandular Origin of Diseases."



of granular matter he found to consist of ordinary putrefactive micrococci, both active and in colonial, or passive zooglœa masses. It was further ascertained that, whereas *initial putrefaction* of the blood and tissues is set up by the venom-ferment proper, *the later progress* of this change depends very much upon the multiplication of these common micrococci. All of these so-called granular matters may be separated pretty completely simply by gravitation and filter-washing; and they are thus made to stand the test of separate inoculation; this shows them to be non-toxic.

The crotalus venom is described as an acid albuminous fluid; that of the viper, neutral. No crystalline active principle whatever could be obtained by Drs. Mitchell and Reichert; but they found, as did Prince Lucien, certain albuminoid principles, possessing all the potency of the venom. The latter did not separate these from each other—calling the compound substance from the European viper, with which he experimented, *viperine*, or *echidnine*. Mitchell and Reichert call the like product of the crotalus, or rattlesnake poison, by the name of *crotaline*. They obtained this as follows: Fifteen drops of venom were diluted with  $\frac{1}{2}$  ounce of water, and boiled, forming a coagulum, from which the opalescent supernatant liquid was duly decanted. The coagulum was then washed upon a filter, and the washings added to the liquid. To this latter was then added alcohol of 95 per cent. strength, which caused the precipitation of a white cloud. This was allowed to settle, and both the sediment and the remaining liquid were separately tested by inoculation. The liquid proved innocent; the more, if stronger alcohol was used; but the precipitate was found to be virulently poisonous. Thus, the toxic quality was found to survive the action of both boiling heat and alcohol, even when the albuminoid principles were thoroughly coagulated thereby. The heat coagulum is also innocent. The final precipitate by alcohol was of neutral reaction, and a pale yellowish tint, and is the *crotaline*. Lucien Bonaparte's *viperine* is quite similar. The alcohol, when used alone,\* precipitates both the innocent and the noxious albuminoids together, without lessening the toxic quality. It is of essential interest to homœopaths to know, thus, that this coagulation does not at all impair the toxic activity of serpent venom, and the weight of the authority leaves nothing to be desired.

As a counter experiment, we may quote the boiling of ten drops of venom in two ounces of water, with filtering, and washing of the

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\* Brainard; Smithsonian Report, 1854.

coagulum; this liquid was found violently poisonous, whilst the corresponding coagulum was inert.

Mitchell and Reichert give the following summary of the chemical constituents of venom, as obtained from the crotalus:

1. Crotaline; an albuminoid body, incoagulable at 212° F.
2. A second albuminoid body, coagulable at 212° F.
3. Coloring matter, associated with a doubtful material, both soluble in alcohol.
4. A microscopical trace of fatty matter obtained by ether washing.
5. Inorganic salts; chlorides and phosphates.

Alcohol and boiling heat having proved insufficient for the destruction of the poisonous principle, other reagents were tried; *caustic* alkalis and acids, also iodine, bromine and permanganate of potash, and artificial gastric juice—all these were found to be destructive, but not so weaker preparations (duly neutralized before inoculation); these did not even delay the effect; nor did (solutions of) nitrate of silver, nor the iron perchloride, nor the oil of turpentine. As for alcohol, the favorite antidote, Drs. Mitchell and Reichert still further tested it by mixing twenty-five drops with two drops of venom, forming a dense coagulum, which was injected beneath the skin of a pigeon. The *local* effect was slight, but the bird died after thirty-seven minutes.

As a check experiment, another pigeon was treated with twenty-five drops of alcohol alone; the only effect was a slight and transient stupefaction.

Again, one-third of a drop was mixed with one drachm of alcohol, and evaporated to seven drops; this, injected into a reed bird, caused death in seven minutes.

Indeed, alcohol, desiccation and glycerine, are to be regarded together as the most available means of keeping the venom on hand—as we read, “any of these three means preserves it well.”

The further researches of Drs. Mitchell and Reichert bring us a step nearer to the knowledge of the proximate principle of serpent poison. The venom is, chemically, a compound albuminoid, or proteid consisting, so far as known, of *two* distinct principles, one of which only is dialyzable, and comparable with “peptones,” and is so called by them; the other, they name “globulins.” Modern chemistry recognizes a number of bodies under this head—as “native albumins,” e. g. *white* of egg, etc.; “globulins,” e. g., the principle part of *yolk* of egg; the former, soluble in water, the latter, in saline water only; and besides these fibrin, peptones, etc.

(*To be continued.*)



## PROCEEDINGS OF SOCIETIES.

### MISSOURI INSTITUTE OF HOMŒOPATHY.

The twelfth annual session of the Missouri Institute of Homœopathy convened at the Hotel Brunswick, Kansas City, April 24th, at 10 o'clock. The session was called to order by Dr. S. B. Parsons, of St. Louis, President of the Institute, and after prayer by Rev. Mr. Williams, Dr. E. F. Brady, of Kansas City, delivered the address of welcome which was responded to by the President on behalf of the Institute.

Reports of Institutions were then received, after which the President appointed the following committees:

Credentials—J. J. Campbell, St. Louis; A. C. Williamson, Springfield; H. W. Westover, St. Joseph.

Publications—Moses T. Runnels, Kansas City; C. H. Goodman, St. Louis; A. H. Schott, St. Louis.

Auditing—F. F. Casseday, Kansas City; L. E. Whitney, Carthage; Helen P. Phillips, St. Louis.

The treasurer, Dr. H. W. Westover, reported total receipts during the year, \$129; disbursements, \$111.50; balance, \$17.50.

DR. W. A. EDMONDS, of St. Louis, read a paper on "Mechanical Supports in Uterine Diseases." He said that there were many who objected to the use of them, but that he believed, when the case demanded it, the use of mechanical supports was the proper thing, and resulted in great good to the patients.

A paper on "Sabina in Deficiency of Milk," prepared by Dr. E. M. Hale, of Chicago, was read by Dr. A. J. Rockwell, as the writer was unable to be present. Other papers read at this session were by Dr. C. H. Goodman on "Remedies vs. Local Treatment in Gynecological Disorders"; "Irritable ulcer of the Cervix-uteri, the Cause of Gastralgia," by Dr. A. E. Neumeister; and "Chronic Endometritis," by Mrs. A. J. Rockwell.

At the afternoon session the following papers were read: "The Use of Forceps in Child-birth," by Dr. A. C. Richardson; "Puerperal Mastitis," by Dr. H. A. Barber; "Spasmodic Contraction, and Rigidity of the Cervix," by Dr. S. A. Newhall, and "Aseptic Midwifery," by Dr. M. T. Runnels.

The evening proceedings were opened with a paper by Dr. W. J. Harris, of St. Louis, on "Intra-uterine Medication following Confinement." The chief idea of this paper proved to be a strong approval of aseptic and antiseptic measures in the management of labor and the conditions following.

The Bureau of Ophthalmology and Otology made a partial report, through the chairman, Dr. J. A. Campbell, of St. Louis, who read an original paper on "Suppurative Disease of the Mastoid Bone, with Indications for Operative Procedure." The author explained minutely the various diseased conditions of the ear and the skull in the immediate vicinity and differentiated closely between the treatments according to the character of disease present. He reported two cases of his own, cured without operation, and, upon call of Dr. Parsons, reported also a case upon which he had operated with complete success.

A paper from Dr. J. Martine Kershaw, of St. Louis, of the Bureau of Nervous and Mental Diseases, entitled "A Hot-air Apparatus to be Used in Paralysis," was next presented.

The Bureau of Climatology presented a paper by Dr. G. W. Lawrence, of Colorado Springs, Col., entitled "The Climate of Colorado." This paper was exhaustive and highly laudatory of the climate of this State.

Dr. M. T. RUNNELS commended the climate of Colorado in the summer complaints of infants, having had experience in his own family, confirmative of this opinion.

Dr. JENNY testified approvingly as to the beneficial effects of the climate of Colorado in summer complaint of children, but could not speak favorably as to the effect in hemorrhagic forms of lung trouble.

Drs. Williamson, Westover, Campbell, Morgan, Sutfin and others discussed the paper, Dr. Sutfin reciting his own experience during his remarks, in which he said he could not agree with the paper as to Colorado's climate in hemorrhagic cases, although he gave it credit in other classes of cases. He was compelled to take his own son away from the State because of hemorrhage.

Reference was made by Dr. Sutfin to the climate of New Mexico, and Dr. Fisher extolled highly the climate of Western Texas, especially in catarrhal bronchitis, nasal catarrh and kindred diseases, as also in the hemorrhagic forms of lung diseases, after which the bureau was closed and the convention adjourned until the following morning.

The morning session of the second day was opened by a paper by Dr. E. F. Brady, of Kansas City, entitled a "Study of Absinthium."



(This paper will appear in a future number of the *HAHNEMANNIAN*.) Other papers read at this session were "Constitutional Inheritance," by Dr. J. J. Fowler; "A Post-mortem Examination of Epilepsy," by Dr. J. Thorne; "High Potencies Considered Mathematically and Physiologically," by Dr. B. H. Wilcox; and "Secale Cornutum," by Dr. H. H. Schott.

In the regular order of business, the election of officers then took place and resulted as follows:

President, Dr. W. G. Hall; Vice-president, Dr. W. B. Morgan; Secretary, Dr. M. T. Runnels; Provisional Secretary, Dr. W. P. Cutler; Treasurer, Dr. H. W. Westover; C. J. Luyties, of St. Louis was elected stenographer.

At the afternoon session, Dr. E. H. Pratt read a paper on "Sympathetic Nerve Waste as a Factor in Chronic Diseases." Other papers read at this session were "Sympathetic Ophthalmia," by Dr. F. F. Casseday; and "Errors of Refraction," by Dr. J. N. Primm.

In the evening a banquet was held at the Hotel Brunswick. One hundred and thirteen attended.

At the morning session of the third day, Dr. George K. Donnelly of St. Joseph, presented a paper upon "Cancer," in which, he said that he had reached the conclusion, after an extensive practice, that every case of cancer was due to syphilitic taint in the system, either inherited or acquired, and resulted directly from injured tissues which brought the taint to the surface. Dr. J. N. Primm, who opened the discussion, believed cancers to be incurable, and said that when they were reported cured, it was simply an error in the diagnosis. Dr. Joshua Thorne complimented the paper, and said that there ought to be more of the same kind, although he did not agree altogether with the conclusions of the writer. Dr. A. Terry's experience sustained the paper. Dr. Donnelly said electricity gave much comfort in cancer cases by relieving the pain, and made internal remedies more beneficial. Dr. Flower had observed that in many cases of cancer, the marriage relation was inharmonious.

The second paper was on the subject of "Club-Foot," and was read by Dr. Henry B. Roby.

Other papers presented were "A New Operation for Bow-legs," by Dr. S. B. Parsons; "The Hemorrhagic Diathesis," by Dr. F. M. Martin; "Surgeons and Hospitals of London," by Dr. W. D. Foster; "Antiseptic Surgery," by Dr. J. G. Gilchrist; "The Radical Cure of Inguinal Hernia," by Dr. W. A. Foster; and "Embolism of the Popliteal Artery," by Dr. S. E. Trott.

The Bureau of Clinical Medicine reported at the closing session papers by Drs. Henry Bartens, W. L. Reed and F. F. Casseday.

Resolutions commemorative of Drs. E. A. Farrington and Adolph Lippe were unanimously adopted.

The Bureau of Sanitary Science presented papers on "Some of the Conditions of Longevity," by Dr. J. C. Cummings; "The Best Sanitary Conditions for Phthisis," by Dr. W. C. Richardson. Reports of of poisoning cases were read by Drs. C. J. Luyties and D. V. Van Syckel. After the transaction of some routine business, the Institute then adjourned.

#### NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

The New Jersey State Homœopathic Medical Society held its 34th annual meeting at the Continental Hotel, Newark, N. J., May 1st. Dr. C. W. Butler, President, called the meeting to order at 11:30 A. M.: The morning session was devoted to the transaction of business and to hearing the President's address. Before the usual discussion of progress in medicine and surgery, during the past year, he briefly reviewed the services of some who have "passed over to the majority" during the past decade, and who have been recognized as leaders in the study and investigation of *materia medica*, dwelling particularly upon the names of Hering, Lippe, Guernsey, and Farrington.

On motion the address of the President was referred to the Committee on Publication for insertion in Transactions or distribution in pamphlet form. The Censors reported adversely upon one applicant and recommended for membership the following: Joanna Gaston Leary, Elizabeth; E. D. Bemis, Newark; A. I. Thayer, Newark; Chas. A. Groves, E. Orange; F. S. Bradford, A. M., Morristown; H. F. Nichols, Hoboken; W. W. Heberton, S. Orange; C. T. Snyder, Jersey City.

The regular annual election resulted as follows:

President, J. G. Street, of Bridgeton; 1st Vice-president, S. Long, New Brunswick; 2d Vice-president, E. Rushmore, Plainfield; 3d Vice-president, M. D. Youngman, Atlantic City; Recording Secretary, B. H. B. Sleght, 29 Chestnut street, Newark; Corresponding Secretary, W. McGeorge, Woodbury; Treasurer, F. A. Gile, Orange; Censors, H. J. Anderson, *Chairman*, Newark; J. Newton Lowe, Milford; E. M. Howard, Camden; C. A. Church, Passaic; S. I. Myers, Bayonne.

The Publishing Committee reported through its chairman the publication of a volume of papers, read at various meetings before the Society. This publication is for members.



ISAAC COOPER of Trenton reported his attendance as a delegate from the Society, upon the State Homœopathic Medical Society meeting in Pittsburgh, giving a glorious account of their proceedings.

F. A. GILE, of Orange, reported likewise his attendance upon the meeting of the American Institute of Homœopathy, and E. Rushmore followed as a delegate to the International Hahnemannian Association.

T. Franklin Smith, of New York City and E. J. Lee, of Philadelphia, visitors, were cordially welcomed and accorded the privileges of the floor by the President for the Society.

Afternoon Session.—By this time many new faces had shown themselves,—new to the younger members but, judging from the general handshaking, well known to the older members.

Reports of Bureaus were received.—“Use of Anaesthetics in Labor,” was read by S. L. Eaton, of E. Orange. In this paper the issue was raised as to the superiority in non-instrumental, etc. deliveries, of the homœopathic medicine to anæsthetics. This paper was warmly discussed. In “What is meddlesome midwifery?” by Clarence M. Conant, of Orange, the writer modified this phrase as applied to some phrases of parturition and vigorously denounced what is often looked upon as innocent or legitimate procedures.

“Rheumatism Cases; A Plea for Use of the High Potencies,” was read by Edw. Rushmore,\* of Plainfield. In this paper cases were cited wherein high potencies had cured in a few days, whether the attack was recent or of long standing.

Dr. J. E. WINANS in discussion, advocated a hospital where high potencies might be used exclusively and the results published to the world.

Dr. GILE denied both the feasibility and the necessity of this, claiming that as the effects of water or opium are plain to all anywhere, so ought it to be with high potencies as well.

The next paper was “Essentials to Success in Prescribing,” by G. W. Harman, of Newark, who compared the painstaking of such men as Hahnemann and Hering with the present-day doctor’s rapidity in getting a patient’s symptoms and giving medicine.

“Molecular Changes in Nerve Tissue,” by John Younglove, of Elizabeth, was an interesting and exhaustive paper explanatory of the transmission of nerve impressions and their responses, preceded by a discussion of the minute anatomy of the nerve fibres.

Several other papers were held over for the semi-annual meeting at Camden, Oct. 3d. The attendance was large and the papers well

discussed. Much time was taken also in the discussion of the necessary qualifications for membership to this society, it being actively maintained by many that men are graduated from our colleges who are ignorant of the essential rudiments of medicine and unfit to practice for other reasons as well. Adjourned at 6 P. M.

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#### CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fourth annual meeting of the Connecticut Homœopathic Medical Society was held at the Allyn House, Hartford, May 15th, 1888. The President, E. H. Linnell, M. D., of Norwich, occupied the chair, and the Secretary and Treasurer E. B. Hooker, M. D., reported that the society had been unusually prosperous the past year, the treasury showing \$152.67 cash on hand. The first business practically before the society was the report of the Bureau of Sanitary Science. Dr. C. E. Sanford, of Bridgeport, opened the discussion of "How to Improve the Sanitary Condition of Our Cities," by reading a paper thereon. He began with a review of the condition of people a generation ago in the matter of sanitary science. Then he drew comparisons between different cities in their systems of dealing with this problem. In response to an inquiry, the doctor said burning is a good method of disposing of garbage, and in many a kitchen, this is done considerably. Yet the lack of help in kitchens generally is one reason why the method does not become acceptable to housewives. Dr. Sanford said in Bridgeport, the city sells the garbage to the town, and whatever the town makes out of it is the same as profit to the city. The town feeds the garbage to swine and raises pork, mostly for export. The city has just executed a three years' contract for removal of garbage, paying for the first year \$2,500, second year \$2,750, and third year \$3,000. Collections are to be made once a week in January, February, March, April, November and December; twice a week in May and October, and three times a week in June, July, August and September. Our garbage collectors often find the condition of swill such that they will not move it—such as being mixed with bottles, ashes, etc. In the majority of cases where garbage has been uncollected, the trouble has been with the householders.

About half the town, continued Dr. Sanford, is covered by outside collectors, and the town pays them a small sum, about \$100 each for the year. Where garbage barrels are frozen solid, the collectors take barrel and all, and thaw them out by some process. "I have written



to half the cities in New England asking authorities for information, but have received only one answer; and I have had great trouble in getting knowledge in the preparation of this paper. When we began the system of public collections of garbage, there were thirty-five private persons gathering it, but our system is now down to so fine a point that there are but nine of that class now. Springfield collects it and sells it to farmers at  $12\frac{1}{2}$  cents a barrel. Hartford is trying a new experiment in the garbage collection business."

DR. C. E. STARK, of Norwich, read a paper on "Sewer Gases." He instanced the condition of a house in Norwich supposed to be scientifically equipped with sanitary plumbing. Bed rooms were found to be supplied with air by ventilators situated in a water closet. A two-inch sink pipe in the kitchen, poisoned the air so that the inmates were affected. No house should be hired or bought until a satisfactory guarantee shall be produced to the effect that the sanitary condition of the premises is proper. Mere statements of landlords and contractors that the plumbing is perfect, are insufficient. There should be direct ventilation from the sewer, the soil pipe, etc., and beyond the eaves of the house and away from the windows of sleeping rooms. Every physician owes it to his patients to see that they are living amidst proper plumbing.

Dr. Sanford said he thought too much sickness was attributed to sewer gas. He believed that when physicians set about finding out the cause of disease they are like the man who asked help to pull his friend out of the mud, who had gone in up to his ankles. "'Why don't you pull him out then?'" 'But,' was the reply, 'he's gone in head first!' So it seems to me, we are placed when we set out to find where disease comes from. Some elderly women charge all kinds of disease to worms, and we have some doctors who attribute most of our disease to sewer gas. I think one is as reasonable as the other. I confess that I know but mighty little of the cause of disease. It is wonderful to me where it comes from and why so many people under different conditions are sick with the same disease."

DR. BISHOP said that if sewer gas is so prolific and exciting a cause of disease as is claimed, its effects should be most visible in those who are thrown more frequently in contact with it. Now he did not believe that this could be proved to be the case.

DR. STARK said he had it from a sanitary expert that not one house, said to be properly trapped, is in fact so. Surely diphtheria and typhoid fever cannot result from a mere chill; and even for sewer gas to produce a disease, it is not necessary that the air should continually

have a foul odor. He still placed more dependence upon sewer miasms than some others have.

President Linnell read his annual address, after which the members adjourned for dinner.

At the afternoon session the first business was the report of the Bureau of Clinical Medicine. The subject for discussion was "Nasal Catarrh."

Dr. E. B. HOOKER, of Hartford, read a paper upon "The Curability of Chronic Nasal Catarrh." He began by saying that catarrh had long been the bane of the physician and the boon of the quack, since the former was honest enough to confess that it had often baffled him, while the latter promised much, but in the end performed little. The reason the physician so often failed was because of imperfect examination of the nasal passages with consequent incorrect diagnosis of the nature of the disease existing. Many forms of catarrh have nearly the same symptoms, but require very different methods of treatment and unless the physician has the apparatus necessary for a complete examination of the nose, from the front and from the rear, by the aid of a mirror in the throat, and unless he has had experience enough to enable him to distinguish the different forms of catarrh from each other, he is almost sure to fail. In many cases there are irregularities in the formation of the interior of the nose, which may be of little importance, since all noses are not alike, just as hands, feet and eyes are different without being really abnormal. But often these irregularities in the formation of the nose are so marked that they are actual deformities, and may be compared to deformities in other parts of the body, such as club-foot, hare-lip and strabismus, yet they do not affect the external appearance of the nose. They do, however, cause catarrh, creating an irritation which keeps up a discharge, causing a dropping backward into the throat, frequent blowing of the nose, snawking and spitting. They are very likely to obstruct one or both sides of the nose, so that it is difficult to breath through it, making it necessary to breath through the mouth, especially at night. This habit of mouth breathing is a bad one, which, if continued, is liable to do harm to the throat and possibly the lungs. These deformities of the nose can almost always be corrected and since the discovery of cocaine the treatment is painless in the majority of cases. The importance of correcting these deformities can hardly be overestimated, since the catarrh created by them is very likely to affect the eyes, ears and throat, causing inflammation of the eyelids, partial or complete deafness, and hoarseness or loss of voice. The conclusion reached was



that not every case of catarrh can be cured, but that many of them, even those of long standing, can be either cured or greatly relieved by the right method of treatment.

The following new members were elected: Frances B. Kellogg, New Haven; John H. Bucklin, Mystic Bridge; A. A. Hoag, Bridgeport; Charles A. Pullford, Seymour.

The election of officers resulted as follows: President, E. E. Case, Norwich; Vice-president, C. S. Hoag, Bridgeport; Secretary and Treasurer, E. B. Hooker, Hartford; Librarian, G. H. Wilson, Meriden; Censors, C. E. Stark, Norwich; W. F. Hinckley, Naugatuck; C. B. Adams, New Haven; H. P. Cole, Bridgeport; Sophia Penfield, Danbury.

Chairman E. A. Wilson, of Rockville, of the Bureau of Materia Medica, reported upon "Zincum Metallicum."

Delegates were appointed as follows: To the American Institute, E. B. Hooker, C. B. Adams, C. S. Hoag, C. H. Colgrove, Sophia Penfield. To the Massachusetts Society, H. B. Adams. To the Rhode Island Society, H. M. Bishop. To the New York Society, E. C. M. Hall.

It was voted to hold the next meeting at Meriden, on the 16th of October, 1888.

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#### ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The thirty-third annual meeting of the Illinois Homœopathic Medical Association was held in Chicago, May 16th, 17th and 18th. The President, Dr. C. B. Kinyon, of Rock Island, occupied the chair. After calling the Society to order, the following committees were appointed:

*Auditing Committee*—Dr. H. P. Skiles, Chicago; Dr. M. J. Hill, Sterling; and Dr. J. B. Dunham, Winona. *Committee on President's Address*—Dr. L. C. Grosvenor, Chicago; Dr. F. W. Gordon, Sterling; and Dr. M. C. Sturtevant, Morris. The committee to which was to be referred all resolutions that might be offered was composed of Dr. Charles Gatchell, Sterling; Dr. M. J. Hill, Sterling; and Dr. G. F. Shears, Chicago. A number of resolutions looking toward the government of the session were then presented and adopted; and some minor and unimportant business of a miscellaneous character was disposed of. All this paved the way for the essence of the work on hand, namely, the papers and reports from the various bureaus.

The report of the Bureau of Obstetrics was presented. Dr. C. L.

Weirick, of Marseilles, read a paper bearing the title "Strong Mothers during Lactation with Weak Children, and Weak Mothers with Strong Children." It was a homily on the duties of a mother, with a pointed moral in its every line. Succinctly, it treated of two classes of mothers—first, those who converted so much of the food they took into nutritious milk that, as a result, the offspring was plump and the mother lean, and the latter became a mere machine for the manufacture of food into the lacteal fluid, and in consequence of not being able to appropriate nourishment sufficient for their own use, became feeble; and second, where the mother absorbed for her own bodily use the nutritive elements of food, and hence the child was sickly. The deductions drawn from such existing conditions were many, but two of which were dwelt upon; that the tendency to supply an undue amount of nourishment to the child might exist, but as a result the mother became prostrated and her life was endangered; and that harmful food should not be fed to children, even though it be the mother's milk.

Dr. A. A. Whipple, of Quincy, read a paper on "Obstetrical Emergencies." In the treatment of puerperal hemorrhage, he advocated the use of the human hand to that of any other instrument.

Dr. L. C. Grosvenor's lecture on "How to Lessen the Burdens of Motherhood," treated of the present inadequacies of infant's clothing. The speaker described an under-garment devised by himself.

At the afternoon session, the Bureau of Ophthalmology reported through Dr. C. H. Vilas. In his paper on "Eye Headaches," Dr. J. H. Buffum said many cases of headache may be cured by properly adjusted glasses, and that, too, in cases where both patient and general practitioners were unconscious of the existence of any eye troubles.

Dr. C. H. VILAS, in describing his treatment of cataract cases, after operation, expressed himself as favorable to the admission of light into the patient's room. He does not bandage the eyes as tightly as do most operators. He was well pleased with his results.

The Bureau of Materia Medica presented no report.

Dr. F. O. PEASE, of Morgan Park, presented through the Bureau of Pathology, Physiology and Histology, a paper which treated of cardiac lesions in their relation to wasting and chronic diseases. Contrary to current ideas on the subject, the speaker took the ground and supported his position by illustrative cases, that cardiac lesions were often the direct cause of phthisis.

The Bureau of Gynecology presented the following papers: "Endo-cervicitis and Cystitis," by Dr. W. A. Smith, of Winona; On the



Malformations of the Clitoris and their Treatment," by Dr. M. J. Bliem, of Chicago; and "Alexander's Operation," by Dr. Curtis M. Beebe, of Chicago. Dr. W. A. Smith held that cases of endocervicitis and cystitis could be cured more quickly by a combination of internal and local treatment than by either alone. Dr. Bliem's paper dealt with the technique and need of the operation for phimosis in the female. Dr. S. P. Hedges described a case to illustrate how we might verify indications for remedies by their local application. This closed the bureau work so far as the programme was concerned. Dr. E. M. Hale then read his paper on the principal remedies for subinvolution of the uterus. This paper should, properly speaking, have come under the head of work done by the Bureau of Materia Medica. A further retrogression of the programme was permitted in the case of Dr. W. H. Hall, who sent in a paper entitled "My Experience with Sodium Phosphate." Dr. W. J. Hawkes closed the proceedings for the day by reading a paper that was a study of the therapeutical effects of lycopodium and natrum muriaticum.

The morning session of the second day was opened by Dr. Charles A. Williams, who read a paper on "Urethrocele as a Cause of Albuminuria and Nephritis." In this paper the writer referred to a case of urethral stricture with albuminuria and nephritis that had been treated by a number of physicians without success, and which he cured by rapid dilatation with graduated steel sounds.

Dr. J. D. DICKERSON, of Galva, reported a case of abscess in the thorax, which he treated by the expectant method. Dr. Danforth, of Milwaukee, criticised the treatment of the case, contending that the abscess should have been evacuated as soon as diagnosed.

Dr. J. B. DUNHAM, of Winona, reported two obscure but interesting cases. One of these was a case of abscess of the larynx, which evacuated spontaneously, and the patient recovered. The other was one of what he thought to be a case of cerebral tumor affecting the corpora quadrigemina.

Dr. C. W. HARBACH, of Lockport, in a paper on "Topical Applications in Typhoid Fever," favored the application of flaxseed poultices to the abdomen.

The PRESIDENT, Dr. C. B. KINYON, then delivered his annual address. Referring to medical education, he said:

"There is one branch of medical education that is very much neglected by the profession and the colleges. I refer to sanitary science. The complicated conditions of this century civilization demand a larger knowledge of hygiene. But the fault is not all with the physicians. Many times when a

physician, by his forethought and candor, averts some disaster threatening a family or community, his services are not recognized; in fact, his motives are often impugned by the very ones he has benefited. The law-making powers of this country have the right to set the standard of medical education; they have the right to say that all who desire a certificate from the authorized schools must measure up to such a standard. While yielding to no one the palm for belief in, or devotion to, the great law of 'similia,' I yet believe that it is not all of the science and practice of medicine. And the science of medicine itself is but a fragment of the far greater science that has for its subject the physical well-being of mankind. It is the imperative duty of all physicians to so prepare for the work of their chosen profession, and to so faithfully prosecute that work with unbiased judgment, that they will be able to see and grasp the truth; for truth, like the rising sun, is first perceived by those whose minds soar above the intellectual horizon of their day, but sooner or later its life-giving influence is felt on all mankind, by all alike. If we each do the best that in us lies; if each is but true to himself

" 'It will follow as the night and day  
We cannot then be false to any man.' "

At the afternoon session, Dr. Clifford Mitchell's paper on the "Relation of Urinary Analysis to Diagnosis," was read by title.

Dr. E. C. WILLIAMS, of Chicago, advocated the treatment of dysmenorrhœa by galvanism. He applied the negative electrode in the cervix.

In her paper on neurasthenia, Dr. Anna M. Parker opposed the Weir-Mitchell in all cases, especially in cases of pseudo-neurasthenia.

Taking Dr. Dunham's case of cerebral tumor as a text, Dr. H. B. Fellows delivered an address on the differential diagnosis between tumors and hemorrhage of the brain.

For the Bureau of Surgery, Dr. Geo. A. Hall reported cases of sarcomatous tumors, wherein the general practitioner had kept the patient from consulting the surgeon in time to secure proper surgical treatment.

Dr. GEO. F. SHEARS' read an exhaustive paper on the causes and treatment of club-foot. Dr. W. F. Knoll, of Chicago, described a new and simple operation for the radical cure of hernia.

Dr. H. P. SKILES' paper on "Orificial Work in Children" was confirmatory of Pratt's work on "Orificial Surgery." Dr. A. B. Späch, of Englewood, exhibited some new devices for the treatment of fractures.

In the evening, Dr. J. D. Buck, of Cincinnati, Ohio, delivered an exceedingly interesting lecture on "The Coming Physician."

The closing session, that held on May 17, was a long one, beginning at 9 A. M. and continuing without rest until 2 P. M. Dr. W. O. Cheeseman, of Joliet, read a paper entitled "Making an Accurate



Diagnosis." He referred to a number of cases where patients had abandoned all attempts at cure because of the diagnosis given. Where the true conditions were recognized and proper treatment was instituted, health was partially, if not wholly restored.

Dr. HENRY SHERRY delivered an address on fractures of the skull. In case of hemorrhage from the vessels of the meninges, he advocated trephining. He then packed the opening tightly and dressed the wound aseptically. The dressing was left in place nine days. His results had been excellent.

Other papers read at this session were the following: "Post-diphtheritic Paralysis," by Dr. R. N. Tooker, of Chicago; "Thoughts," by Dr. M. J. Hill, of Sterling, Ill.; "Children and Hygiene," by Dr. F. W. Gordon, of Sterling, Ill.; "Drainage," by Dr. T. C. Duncan, of Chicago; "Anatomy, in its Relation to the Practice of Medicine," by Dr. C. E. Lanning, of Chicago; "Cremation" (advocating its adoption), by Dr. J. E. Gilman, of Chicago.

The committee on the President's address presented its report, recommending the publication of the address in all the homœopathic medical papers. The report was adopted.

The election of officers for the ensuing year was then held, with the following result: President, Dr. Charles Gatchell, of Chicago; First Vice-president, Dr. F. W. Gordon, of Sterling; Second Vice-president, Dr. W. A. Smith, of Winona; Third Vice-president, Mrs. Dr. E. H. Stansberry, of Chicago; Treasurer, Dr. A. A. Whipple, of Quincy; Secretary, Dr. A. B. Späth, of Englewood; Board of Censors, Dr. L. Pratt, of Wheaton, Dr. J. W. Coyner, of Peoria, Dr. W. J. Hawkes, of Chicago, Dr. C. A. Weirick, of Marseilles, and Dr. J. S. Mitchell, of Chicago.

The vote on place for holding the next annual meeting resulted in the choice of Sterling.

The President announced the chairmen of committees or bureaus for the coming year as follows: *Materia Medica*, Dr. F. W. Gordon, of Sterling; *Medical Legislation, Jurisprudence, and Education*, Dr. J. A. Vincent, of Springfield, Ill.; *Ophthalmology and Otology*, Dr. C. H. Vilas, of Chicago; *Clinical Medicine*, Dr. J. B. Dunham, of Winona; *Surgery*, Dr. W. F. Knoll, of Chicago; *Diseases of Children*, Dr. M. J. Hill, of Sterling; *Sanitary Science and Hygiene*, Dr. C. W. Harback, of Lockport; *Pharmacy*, Dr. James E. Gross, of Chicago; *Medical Literature*, Dr. Charles Gatchell, of Chicago; *Necrology*, Dr. T. S. Hoyne, of Chicago; *Gynecology*, Dr. S. P. Hedges, of Chicago. The meeting then adjourned sine die.

## HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.

The twenty-fourth annual session of the Homœopathic Medical Society of Ohio, was held at Delaware on May 8th and 9th, with an average attendance of 75 physicians. Owing to the lateness of the trains the Society was not convened until 1.30 P. M., when N. Schneider, M. D., President of the Society called the meeting to order and introduced Rev. Mr. McCabe, who made the invocation. After reading the minutes of the last meeting, the Secretary, Dr. Chas. E. Walton, made his annual report, in which he enumerated the membership to be 216, including the addition of 21 at the last annual meeting. The Board of Censors presented the following names for membership: Phil. Porter, M. D., Frank Kraft, M. D., W. E. Dewell, M. D., W. A. Tims, M. D., Thos. M. Stewart, M. D., Emma B. Hartwell, M. D., Geo. E. Allen, M. D., Laura E. Brickley, M. D., N. O. Brenizer, M. D., O. A. Palmer, M. D., C. A. Pauly, M. D., L. D. Rogers, M. D., all of whom were duly elected.

The Publication Committee called attention to the first appearance of the Transactions in substantial board covers and expressed the hope that the support of the treasury in future would insure the permanency of such publication.

After the reception of delegates from other societies the President introduced James K. Newcomer, Mayor of Delaware, who delivered the address of welcome, to which Dr. E. R. Eggleston, of Mt. Vernon, 1st Vice-president, responded.

After the report of the Treasurer, Dr. H. Pomeroy, the Bureau of Statistics and Legislation presented the tariff bill proposed by the Georgia State Society looking to the removal of duties from surgical appliances. This was laid on the table. The Legislative Committee was instructed to appeal to the Legislature for the establishment of a State Board of Medical Examiners.

The Bureau of Sanitary Science was then called. The chairman, Dr. Eggleston, read by title the paper of Dr. D. H. Beckwith, who was unavoidably absent. Subject: "Sophistication of Foods and Drinks."

DR. J. P. HERSHBERGER presented his paper on "Natural Gas a Sanitary Factor."

DR. J. W. CLEMMER read "The Essentials of Sanitary Reform." At the conclusion of this paper, time being voted to complete its reading, the author was complimented on his work and on his excellent delivery. Dr. Lewis Barnes admired the paper, but feared that it was too much principle and not enough of facts. Sanitation, he coincided



with the essayist, should not be confined to outside matters, but be put to test on the inside; not search about the premises for a cesspool when the bathing, and diet, and change of clothing, and sleeping of the patient would frequently give the true cause of the trouble. The chairman read his paper on "The Relations of Meteorology and Morbidity." A very learned paper, and finely illustrated with charts indicating the maximum, minimum and mean temperatures of each day of the month; also the relative humidity. Dr. Owens believed the paper contained many valuable suggestions. Still it seemed too much in embryo. He had no doubt that nineteen-twentieths of all diseases arose from telluric and atmospheric conditions. He instanced cholera and yellow fever; also intermittent fever to illustrate his belief. He desired to call the attention of the members to an eruptive disease which had been travelling through the southern districts of Ohio, which was very similar to measles, but lacked many of the prime characteristics of that disease. He called it German measles or r  theln, and believed it purely the result of atmospheric irregularities. Dr. H. E. Beebe, Sidney, was pleased with the paper, and said that he knew of but two other States that had done as Ohio did and appointed a State Board of Health. He had treated a number of the pseudo-measles referred to by the last speaker, and had about arrived at the conclusion that they would probably have got along as well without medicine.

The Bureau of Materia Medica then reported. Dr. H. C. Allen, Ann Arbor, announced that a number of papers had been promised but only a few were at hand. He introduced Dr. J. P. Hershberger, who read a proving of cactus grand., made with the higher potencies.

This paper was the red flag. It resulted in a long and frequently acrimonious debate, the majority of those present believing that sixty drops of alcohol taken a number of times per day, day after day, by any one, would produce every symptom read by the essayist—that being the amount of alcohol plus the high potency of cactus which the provers had taken. Dr. Owens made the most logical point of all, for he referred directly to the absence from all the pretended provings, of the great cactus grand. key-note, the grasping and constricting sensation about the heart. This, in his opinion, was fatal to the proving.

Dr. C. L. Cleveland, Cleveland, made an oral excuse for not presenting any labors in this vineyard, he having had sudden sickness and death in his family.

Dr. H. C. Allen read a long proving of magnesia phos. He had enlisted, he said, thirty-seven provers in the cause, but at the time of

presenting his report he had heard from only five. The paper was very exhaustively prepared, and will form a valuable addition to the materia medica works of the day. In addition to the report, he stated that one of the best homœopathic physicians in his state prescribed magnesia phos. successfully for every case of spasmodic or membranous dysmenorrhœa that came to him. Dr. Allen had not succeeded in doing this and was therefore moved to enter upon this extensive proving.

The question now arising on the disposition of the papers of this bureau, an effort was twice made to table the cactus proving; the effort in neither case prevailing. It was finally permitted to go to the Publication Committee.

The Bureau of Insanity was called and Dr. Beebe appointed chairman. The paper by Dr. J. H. Buck, of Cincinnati, on "Nerve Impression" was read by title.

At this point a recess was taken till 7.30 P. M.

The evening session was opened by a paper from Dr. Eggleston, entitled "Insanity in the Light of the Laws of Continuity." Dr. Wm Owens in discussing the paper held to the belief that the pre-existing condition of the body gave rise to the unsoundness of the mind. Dr. Barnes' "Views on Insanity" were received without discussion.

The Chairman's own paper on "Diagnosis of Intra-cranial Lesions" was well received and listened to with marked attention.

The Bureau of Gynecology, Dr. Orpha D. Baldwin, chairman, next reported. Dr. Albert Claypool, presented a few notes on "That Corset", which, as he explained, were only presented with a view to eliciting discussion; he had not had the necessary time to elaborate his paper into the form that he would like to have done. Dr. Claypool's argument, briefly stated, was that the corset when properly worn is not an injury. In this opinion, he was not very heartily sustained even by the gentler sex who took part in the discussion. The question, therefore, is not decided.

The Secretary, Dr. C. E. Walton, then, by permission of his audience, read his paper entitled "Vaginal Hysterectomy," and proceeded to demonstrate the main points it contained. In doing this he introduced a speculum retractor, to the pendant end of which, the patient in the dorsal position, he attached a weight, generally a flat-iron, and this held the speculum in position. He was moved to call it the flat-iron speculum. He also explained the use of new forceps which he used in ovariectomy.



Dr. Phil. Porter at the request of several present, stated his manner of proceeding. Dr. H. F. Biggar, also by request narrated a case of phantom tumor in a woman in some way connected with the notorious fur robberies at Cleveland. He had diagnosed the case as a phantom tumor; but another physician in a neighboring hospital had cut down for the tumor, and the patient had succumbed.

The chairman then read "Sanitary Treatment of Uterine Diseases." This paper elicited much discussion dealing as it did with the usual wrongs inflicted upon the woman by her ignorance of dress and sanitary reform measures.

The President read his address which was filled with excellent suggestions, suggestions beyond the ordinary. He urged upon the homœopathic profession the diligence of the theologian, in securing bequests for our colleges and dispensaries so that the best of teachers might be employed and paid a living salary. He advised the dividing of the State into districts for the purpose of establishing branch homœopathic societies, and encouraging those already in existence. He insisted that preceptors should receive no one as a student who had not finished an academic course. His strictures on the potency question were well-timed and in the light of the discussion which had arisen on the cactus grand. proving, seemed almost like an inspiration. Adjourned until 9 A. M. the next day.

On reassembling, the second days proceedings were opened by calling on the Bureau of Clinical Medicine; the chairman, Dr. T. E. Wells, introduced as the first essayist, Dr. Flora A. Waddell, of Wauseon, who read a "Continuation of Verifications of Symptoms." One of these clinical cases was treated with "crawleys," which she had found would cure the common fever for which ordinarily aconite is given. It seemed to be very effective in the first stages of typhoid. It will break hectic fever without leaving the patient prostrated. The doctor was unable to remember the botanical name. Dr. J. C. Fahnestock, Piqua, read "Two Cases of Epilepsy." The cases were well described, and the treatment clearly indicated. Dr. Barnes complimented the essayist on his work, but feared that these cases were only temporary alleviations, and that ultimately they would break down. Drs. Palmer, Allen and Barnes discussed the cases to considerable length.

The chairman read "A Lesson from Failure," which professed to narrate a number of cases of seeming improvement but which took on fatal symptoms when least expected.

The Necrologist reported that no call had been made upon his ser-

vices since the last annual meeting, for which no one was more heartily glad than he was.

DR. R. N. WARREN, on behalf of the Bureau of Surgery, stated that he had intended to present to the society a model for an invalid bed which he had found of use in his own practice, but the model which had arrived from the makers was imperfect, and he had deemed it best not to show it.

DR. C. F. MARTIN, Columbus, presented a volunteer paper on "Self-inflicted Tracheotomy." The paper was an interesting *résumé* of the attempt on the part of a penitentiary convict at suicide by cutting his throat, and the treatment resorted to, to frustrate his ultimate design.

The Bureau of Pædology was next called, Dr. C. D. Crank, Cincinnati, presenting a paper on "Enterocolitis; Etiology, Pathology and Treatment."

DR. WARREN said that he had heard a good deal of complaint from the old ladies of his town that eggs wouldn't hatch; and he was prone to attribute it to the cannon practice of an artillery company stationed there.

"Prophylaxis of Morbid Conditions during Dentition," was presented by Dr. Frances J. Derby, of Columbus; and was followed by the chairman, "Why Does Baby Cry?" in which all the various reasons that can be assigned to answer this query were stated in good and logical form.

DR. WM. WEBSTER read "Maternal Impressions on the Child in Utero." Drs. McDermott and Palmer did the honors for the O. & O. Bureau the subject treated by the former being "Injuries of the Cornea," and "Orbital Cellulitis" that of Dr. Palmer.

The resignations of Drs. W. A. R. Tennis and S. A. Boynton were received and accepted.

The following officers were then elected: C. E. Walton, M. D., President; C. L. Cleveland, M. D., 1st Vice-president; Frances J. Derby, M. D., 2d Vice-president; Frank Kraft, M. D., Secretary; C. D. Crank, M. D., Asst. Secretary; H. Pomeroy, M. D., Treasurer; H. E. Beebe, M. D., Chairman, Board of Censors. The next meeting of the Society will be held at Cincinnati, O., on the 2d Tuesday in May, 1889.

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#### CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

The twelfth annual meeting of the California State Homœopathic Medical Society convened at the Hahnemann Hospital College, on Wednesday, May 9th, 1888, at 8 P. M.



A large number of members and visitors were present. The President, Dr. Palmer, occupied the chair, and called the meeting to order at 8.30 P. M.

The censors reported favorably upon the names of the following physicians, and they were elected to membership: Dr. C. Scott, Menlo Park; Dr. G. Fichtner, San Francisco; Dr. Florence Saltonstall, of San Francisco; Dr. E. H. Mattner, San Francisco; Dr. Jenks, San Francisco; Dr. A. D. Fouchy, San Francisco; Dr. Minnie C. F. Love, San Francisco.

The entire evening session was devoted to the consideration and the discussion of the proposed amendments and changes in the constitution and by-laws, the most important of which was that essayists be limited to twenty minutes and the President to appoint merely the chairmen of bureaus, and these their own committees.

After the amended constitution and by-laws were adopted, an invitation was extended to the Society to visit Fabiola Hospital, and one from the Hahnemann Hospital Aid Association, to visit the San Francisco Homoeopathic Hospital, 312 Page Street, where lunch would be served at 1 o'clock, Thursday. Both invitations were accepted.

The President then delivered his annual address, after which the Society adjourned.

MORNING SESSION—THURSDAY MAY 10TH.—The President called the meeting to order at 10.15 A. M. Nomination and election of officers resulted, viz:

*President.* S. Powell Burdick, M. D., of Oakland.

*First Vice-president.* Jno. J. Miller, M. D., of San Jose.

*Second Vice-president.* Laura A. Ballard, M. D., of San Francisco.

*Secretary.* A. C. Peterson, M. D., of San Francisco.

*Treasurer.* W. A. Dewey, M. D. of San Francisco.

*Censors.* Drs. Samuel Lilienthal, C. L. Tisdale, H. L. Bradley, G. H. Jenks, W. E. Ledyard.

*Directors.* Drs. J. N. Eckel, J. A. Albertson, L. H. Bradley, Wm. Boericke and C. B. Currier.

*Board of Examiners.* Drs. R. H. Curtis, Wm Boericke, J. W. Ward, G. E. Davis, H. C. French, Sidney Worth, A. C. Peterson.

The Treasurer reported a balance on hand of \$57.70.

The Secretary of the Board of Examiners, Dr. Wm. Boericke, reported sixty-one licenses granted and four refused, since May, 1887, and balance on hand of \$286.95.

Under the head of Scientific Committees, G. H. Martin, M. D.,

read a paper entitled "Electricity in Medicine," and defined the sphere of usefulness of this agent, viz: A diagnostic agent in obscure nervous diseases; in paralysis to stimulate action of muscles; some cases of spinal irritation; uterine displacements; subinvolution; extra-uterine pregnancies; destruction of morbid growths by electrolysis.

B. F. MERTZMANN, M. D., presented a paper entitled, "Why Lacerations of the Cervix are so frequent."

DR. DEDERKY in discussing the paper, claimed that most lacerations occur from meddlesome midwifery, and favored taking plenty of time for nature to assert its power.

DRS. S. LILIENTHAL and BURDICK attacked the position of Dr. DeDerky, and condemned waiting, as the strength of the patient is exhausted and grave results apt to ensue.

W. E. LEDYARD, M. D., reported cases from practice cured by Swan's high potencies.

DR. BURDICK here demonstrated that Swan's high potencies were fallacious, the millionth being just about the eighth.

On motion of Dr. S. Lilienthal, a vote of thanks was tendered the ladies of the Hahnemann Hospital Aid Association for their kind attentions and hospitality extended to the Society.

The Society then adjourned.

AFTERNOON SESSION. C. L. TISDALE, M. D., read a paper entitled "Anal and Rectal Fissure," which described the various kinds of fissures, their causes, remote and recent, with different modes of treatment, together with the author's own method of procedure.

DR. MILLER asked in case of hemorrhoids and fissure if Dr. Tisdale operated on both at the same time?

DR. TISDALE replied that he cures hemorrhoids first, and that the fissures cannot be cured until hemorrhoids are first done away with.

DR. J. J. MILLER, read a paper entitled "A Few Desultory Remarks on Surgery in General, and Conservatory Surgery in Particular," an excellent review of the wonderful advance of surgery within a few years past, and the opening up of what have for centuries past been considered sealed volumes.

DR. DE DERKY deprecated the too free use of the knife, and characterized some surgeons as butchers, always ready to cut and slash for their own glorification.

DR. S. LILIENTHAL criticised Dr. De Derky's remarks on "butchers," and cited a case of epileptic spasms cured by trephining after years of fruitless medication.



H. C. FRENCH, M. D., presented papers entitled "Retinitis Albuminurica" and "Glaucoma Fulminans."

DR. SIMPSON spoke of the unusual number of cases of neuro-retinitis and thought errors of refraction the cause and urged the necessity of testing refraction in every case.

DR. GREEN attributed the frequent asthenopia and hyperaesthesia of the retina in the State to the glare from bare brown earth in summer.

DR. BURDICK attributed many eye troubles in the sunny country, from glare of white painted houses and concrete sidewalks.

SAMUEL LILIENTHAL, M. D., read a paper entitled "Imperfections of Homœopathic Materia Medica," and urged the necessity of new and thorough provings, whereby we may differentiate the true and false drug symptoms, but we could not, at present, afford to do away with any symptoms in the materia medica.

DR. BURDICK, had made provings of many remedies, and thinks two thirds of the symptoms recorded in our books are unreliable. He made the first proving of yucca filamentosa and noted its powerful action on the bowels and cured many cases of dysentery, to which this remedy corresponded, and urged the Society to prove certain drugs.

DR. BOERICKE was elected delegate to the American Institute.

DR. E. H. HURD, of Rochester, N. Y., Dr. A. von der Lûhe, of Brooklyn, N. Y., and Dr. S. Powell Burdick, of Oakland, Cal., were delegates of the Homœopathic Medical Society of New York, elected at the Annual Meeting of that Society, convened in Albany, February, 1888.

Scientific bureaus being reopened, A. B. Bishop, M. D., read a paper entitled "Uterine Displacements."

DRS. S. Lilienthal, Dewey, Boericke, Ward and Peterson were elected to represent the California State Homœopathic Medical Society in the Intercollegiate Committee of the American Institute.

DRS. Dewey and Boericke conducted Dr. Burdick the incoming president to the chair. Dr. Burdick greeted the Society cordially and asked the cooperation of every member of the Society to aid in bringing about good will and harmony, to endeavor to advance the interests of the Society and thus the interests of humanity.

After tendering a vote of thanks to Dr. Palmer, the retiring president, the Society adjourned.

A. C. PETERSON, M. D., Secretary.

## CORRESPONDENCE.

## THE AMERICAN INSTITUTE SESSION.

## EDITORS HAHNEMANNIAN MONTHLY:

The American Institute session, as already announced in your journal, will be held at Niagara Falls, N. Y., beginning Monday evening, June 25th, and closing Friday noon, June 29th. The General Sessions, the Sectional Meetings, and the meetings of the various committees will be held in Orpheus Park Theatre, a recently completed structure, facing the State Reservation and contiguous to the large hotels. It is furnished with upholstered chairs, is well ventilated and well lighted by both day-light and gas-light.

Mr. A. H. Gluck, proprietor of the International Hotel, will provide entertainment for the physicians and their friends at the very moderate rate of three dollars per day. Carriages will be obtainable at reasonable and fixed rates. Admission to all points of interest about the Falls will be without charge, the only exception being the bridge toll of twenty-five cents for the round trip across either of the suspension bridges to the Canadian side.

The Committee on Railroad Fares has secured concessions under which those who pay full fare going, may secure return tickets at about one-third rates. But to obtain this reduction the rules of the Railway Associations must be implicitly followed. These rules will be published in the Institute's annual circular. Any physician failing to receive the circular, may obtain a copy by addressing the undersigned.

So far as is now known, about seventy papers will be presented at the session, embracing a wide variety of medical and surgical topics, and sure to furnish subjects of special and absorbing interest to every physician who may attend.

A grand excursion to Fort Niagara at the mouth of the river has been arranged for Tuesday evening. The excursionists will enjoy a fine view of the Falls, the gorge, the rapids and the whirlpool—first by twilight and then by moonlight—from open "observation cars," with a steamboat ride, a collation and music on the quiet river below.

This unique entertainment, so generously provided for the physicians and their friends, will be in perfect harmony with the usual attractions of a visit to Niagara, which have given to it its world-wide reputation.

Respectfully,

PEMBERTON DUDLEY, M. D.,  
General Secretary.

S. W. cor. 15th and Master Sts., Philadelphia, Pa.



## EDITORIAL DEPARTMENT.

All communications to this Journal must be contributed to it exclusively. The editors rely on all contributors conforming strictly to this rule. Rejected manuscript will be returned to the author.

Reprints or copies of the Journal containing their article will be gladly furnished writers if a request for the same is sent with the manuscript.

The editors are responsible for the maintenance of the dignity and courtesy of the Journal, but *not* for the opinions expressed by contributors. No discourteous or anonymous communications will be recognized.

All exchanges, books for review, and all communications should be addressed to, and all checks and money orders drawn to the order of the **Hahnemannian Monthly**, 1506 Girard Avenue, Philadelphia.

### THE COMING INSTITUTE MEETING.

The annual meeting of the American Institute of Homœopathy to be held at Niagara Falls, June 25-29, inclusive, promises to be one of more than ordinary interest. There are matters of importance to the Institute itself and to the profession at large, on which a determined stand should be taken. Foremost among these is the subject of medical education.

At the thirty-ninth annual meeting of the American Medical Association held in Cincinnati, Ohio, May 8th, the President, Dr. A. Y. P. Garnett took for the subject of his address "The Mission of the American Medical Association."<sup>1</sup> In this address he presented some facts concerning medical education that are worthy of consideration. He finds that there are 114 medical schools in the country; one requires only one course of lectures; eighty-six require two courses; these eighty-seven he groups together as following the older or *repetition* method; twenty-six schools require three graded courses, and one school four such courses.

Designations.	Graded Method.			Repetition Method.			All.		
	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.
Regular <sup>2</sup> .....	21	1,839	383	68	7,752	2,826	89	9,591	3,209
Eclectic.....	1	24	14	9	578	187	10	602	201
Homœopathic.....	5	314	104	8	748	351	13	1,062	455
Physio-medical.....	0	0	0	2	47	28	2	47	28
All designations.....	27	2,177	501	87	9,125	3,392	114	11,302	3,893

<sup>1</sup> *Jour. of the Amer. Med. Assoc'n.*, May 12, 1888.

<sup>2</sup> *i. e.* Allopathic.

Next a table of percentages based on the above figures is given. It is as follows :

Designations.	Graded Method.			Repetition Method.		
	Schools.	Students.	Graduates.	Schools.	Students.	Graduates.
Homœopathic	38.5	29.6	22.9	61.5	70.4	77.1
Regular. . . . .	23.6	19.2	11.9	76.4	80.8	88.1
Eclectic . . . . .	10.0	4.0	7.0	90.0	96.0	93.1
Physio - medical . . . . .	.0	.0	.0			
All designat'ns.	23.7	19.3	12.9	76.3	80.7	87.1

Now what do these tables show? Simply this, that homœopaths are way in advance of allopaths in matters pertaining to medical education. 38.5 per cent. of our colleges demand of their students three courses of lectures. Only 23.6 per cent. of allopathic colleges are of the same high standard. We point with pride to these figures as showing our superiority over other schools of medicine, but at the same time, we urge upon the Institute the importance of *compelling* our colleges to make an even better showing. This matter should be agitated at the coming session and with such effect that one year hence every homœopathic college in the land shall make the three year graded course compulsory.

Several journals have, during the past year offered severe criticism of the character of the papers presented at the Institute sessions. It is implied that the Institute members do not read their best papers before that body, but instead, present them to other societies. If such is the fact, the rule of the Institute requiring members of bureaus to select one subject for discussion and present papers for the same, is responsible. If a physician has made some original investigations in medical science, this rule actually prevents him from presenting them to the Institute for discussion. Instead of doing so, he must, if he writes at all, write a paper on the subject chosen by the chairman of his bureau. If perchance, he has had comparatively little experience with the subject chosen, he is obliged to write a text-book essay.

Finally we would urge Institute members who will attend the coming session to use the certificates entitling them to reduced rates of railroad fare to and from the meeting. Last year the committee on railroad fares guaranteed, in order to secure reduced rates, that one



hundred certificates would be used. There was an actual attendance of members and visitors of nearly four hundred, and yet but eighty or ninety certificates were used. This placed the committee in an embarrassing position.

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#### THE INSTITUTE BUREAU OF SURGERY.

No subject could have been chosen, a year ahead, that would have been as interesting and as fertile as the one selected for discussion at the next meeting: *Surgery of the Intestinal Tract*. Hardly a journal has appeared in which could not be found the results of study, experiment or experience in this direction. In fact, the operative mind seems, for the time being, to have turned from its all-absorbing standby, the poor uterus and its appendages!

The chairman, Dr. John E. James, is to be congratulated on this choice, as well as upon his brilliant essayists, Drs. Helmuth, McClelland and Thomas, all three of whom will add to their gifts as writers, the weight of an extended experience.

While "The Operations on the Gall-bladder" may appeal more directly to those having a particular bent for abdominal surgery, yet the other two texts, "Wounds of the Intestines," and more especially "Obstructions of the Intestines other than Hernia," are uppermost in the minds of all surgeons, and of prime importance to every practitioner.

In point of fact, some have gone so far as to claim that laparotomy for obstruction should be added to herniotomy and tracheotomy as operations that every physician should be ready to undertake. The serious difficulties encountered and the exacting demands of an elaborate technique would forbid this, however, and the remedy would rather seem to be in the early recognition of cases for which surgical aid offers the only hope, and the calling in of the same before the hope is a forlorn one.

It is to be regretted that perityphlitis, in a general sense, was not added to the bureau subjects, for then the circle would have been complete. Most of the medical gatherings have, during the past year, discussed one or more portions of this whole subject, and while their work has thrown much light on some of its bearings, we are yet sadly in the dark on certain points. Statistics go to show that one of the prime factors of success is early interference, and as the number of moribund patients operated on decreases, the mortality list grows less. So, too, a quick operation has a similar tendency, and as a result, in obstruction at least, the long free incision has become desirable. Very

definite rules have been laid down as to the best antiseptis, every minutia of the technique, and the difficulties and complications to be encountered with the appropriate steps for each, so that the surgeon would seem to be in a position to grapple with every emergency. It is in the diagnosis, however, that we are sadly in need of definite data. How are we to recognize cases that require operation, and that at the earliest, the most desirable moment. This point once settled, the rest is comparatively plain sailing.

If the bureau can, aided and inspired by the cumulative results of the year's work, formulate some definite rules, give us a series of reliable if not constant symptoms, they will merit the lasting gratitude of every worker in this as yet, alas, too gloomy field of surgery.

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#### A QUOTATION.

We quote the following from an open letter to Prof. Roberts Bartholow, written by Dr. Samuel O. L. Potter, and published in the *St. Louis Clinical Review*, vol. I., page 336, *et seq.*

MY DEAR PROFESSOR:—When your valuable text-book first made its appearance (1876), I bought it, and have studied it carefully and systematically, in order to ascertain if modern research has found any straight or sure path through the hitherto tangled maze of therapeutical science. I had read the strictures of the most eminent men in the profession on its scientific value, and though partly committed to the doctrines of similia, small doses, and the single remedy, I could not make up my mind to fully accept the homœopathic doctrine (or any other) as the guide of my professional career. But out of this condition of doubt and irresolution I came forth, after a careful perusal of your book, and it would be ungrateful in me if I did not acknowledge the debt, and wrong if I neglected to point out to others the means whereby the darkness was dispelled, and my therapeutical gaze fixed upon the light of truth. Having heard a good deal of abuse of homœopathy from the medical press and individual members of the old school, I turned to the newest text-book published then in England (Ringer's), but I found it so full of homœopathy that I was disgusted. Consequently when an illustrious American teacher, like yourself, announced a new book, I eagerly possessed it, and at once turned to the articles on "Aconite" and "Belladonna," the two remedies that homœopaths are supposed to administer in all the ills that flesh is heir to."

Dr. Potter then goes on to quote from Bartholow's treatise, numerous thefts from homœopathic teachings and then closes as follows:

"I could continue to quote for a dozen pages more, homœopathy from your book, but forbear, in the thought that perhaps some mysterious mental action, in accordance with the law of contraria, may have prevented your recognition of the fact that you have been teaching what you call



'quackery,' on every page of your book, and that perhaps some similar influence may have made my eyes see black where I looked for white, or like Job, 'when I looked for good then evil came unto me, and when I waited for light, then came darkness.'

At present, however, I am satisfied with your proofs of the law of similia and would earnestly recommend all weak-kneed homœopaths to take a few small doses of your teachings, which will, I am confident, prove to every impartial mind, that *similia similibus curantur*, even though they may likewise create a suspicion as to the honesty of your teachings and practice."

True indeed is the old adage, that there are two things which can never be recalled, words spoken and arrows spent.

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#### ERRATA.

The following corrections should be made in A. C. Pope's paper, published in our May number.

For "*Κιονερον*," page 257, line 2, read "*Κωνερον*."

For "Jewett," line 38, page 258, read "Jowett."

For "libatum," line 38, page 258, read "libation."

On line 5 from the bottom of page 261, omit "ever."

For "Pareira" line 22 page 264 read "Pereira."

For "paralysis" line 8 from the bottom of page 265, read "paralyser."

For "photophobia has not," line 5, page 268, read "photophobia has."

For "enjoyments," line 2, from the bottom of page 271, read "engorgements."

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#### EDITORIAL NOTES.

The editor of the *Medical Record* discourses on the number of visits to patients a physician can make daily. He says "It has been related that certain physicians in this city have habitually made forty to sixty visits daily; but inquiry shows that the story is false, or the physicians have been homœopaths."

Are we to conclude from the above that all busy physicians are either homœopaths or liars? Reasoning would lead us to such a conclusion. Or can Brother Shrady's assertion be an admission that homœopaths have been so successful in their treatment of cases as to secure unusually large practices at the expense of the less fortunate allopaths? We would remind Dr. Shrady that it is a commonly accepted belief among physicians that the man who does not lie about his practice is a truthful one indeed. Truthful in this one particular, his testimony in other matters, such as therapeutics, becomes invaluable. We must express our regrets that the editor of the *Record* finds the physicians of the school he represents so untruthful. Of course, we believe *his* statement in the editorial above quoted. And now we learn from the *American Lancet*, that Sir Morell McKenzie sees from sixty to seventy patients a day. What is he, Dr. Shrady, a homœopath or a regu—liar?

A Congress for the study of Tuberculosis will be held in Paris, in July, 1888.

We learn from Dr. A. C. Pope that the *Medical Press* of May 12th proposes the introduction of 10 per cent. triturations, made with saccharum lactis, into the next edition of the British Pharmacopœia.

At a meeting of the Brighton and Sussex Medico-surgical Society, Dr. J. Harris Ross showed a man who had suffered destruction of the penis from gangrene during an attack of diphtheria.

The daily press reports the death of a woman and her infant in Medford, Mass., while under the treatment misnamed "Christian Science." Autopsies revealed the fact that both mother and child would have recovered had proper treatment been instituted.

"Our English brethren no doubt meant well by the letters in which they attacked homœopathy, but we believe that they have only helped the cause which they were trying to injure."—*Northwestern Lancet*, April 15, 1888. That's a fact; the "English brethren's" letters only helped to expose allopathic weakness, and gave homœopathic progress an *impetus* that could not have been obtained by years of patient labor on the part of its adherents.

If antipyrin be dissolved in sweet spirits of nitre, the resulting solution soon assumes a rich green color, and, what is more remarkable, a new compound, possessing highly poisonous qualities, is formed. Both of these drugs being recommended for fever, it is not unnatural for the advocate of polypharmacy to combine the two in the same prescription, trusting thereby to obtain an antipyretic of greater value than either alone. This has been done in one case, and—the patient died.

The vitality of new-born infants is in many cases truly marvellous. One physician tells of an infant born while the mother was seated on a water closet of a rapidly moving train; the child fell through the pipe into the snow between the tracks and was picked up alive soon afterwards. Dr. Paul F. Mundé describes an incident no less remarkable. It occurred at Würzburg, Bavaria, in 1869. While workmen were opening a sewer drain, they heard the screams of a child apparently proceeding from within the drain. On rapidly opening it, they found a full-grown new-born infant struggling in the filth. An investigation was made. In the water-closet on the second floor was found the cook collapsed on the floor. On being revived she acknowledged being the mother of the child and said that she was suddenly seized with an uncontrollable desire to go to stool and while on the seat felt something rush from her and fainted. The child bore signs of having rapidly passed down the drain-pipe, which was neither trapped or supplied with a pan. It was badly scratched and bruised, but was otherwise well, and it thrived. The distance traversed by the child was not less than thirty feet.

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## BOOK REVIEWS.

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A MANUAL OF DISEASES OF THE NERVOUS SYSTEM, by W. R. Gowers, M. D., F. R. C. P. Philadelphia, P. Blakiston, Son & Co., 1888.

When Dr. Gowers first published his little work on Diseases of the Spinal Cord, he at once established for himself a reputation as a neurologist of ability, and as a medical writer of wonderful descriptive and analytical pow-



ers. The reputation thus established has only been increased by his subsequent works on "Epilepsy," "Medical Ophthalmoscopy," and "Diseases of the Brain." There is now presented for professional favor what proves to be Dr. Gowers' greatest work, his "Manual of Diseases of the Nervous System." This only serves to heighten its author's previous reputation (if such were possible), for in it we find much to commend, and little to criticize. This is high praise, but we feel that the work merits it. The subjects of which it treats, include the entire domain of diseases of the nervous system.

Gowers makes but little attempt to give a classification of nervous diseases, as such classification cannot be scientifically accurate in the present state of neurological science. He simply divides them according to a pathological basis into four classes:

1. *Organic disease* (or *coarse organic disease*); such as tumor, hemorrhage, softening.
2. *Structural disease*; such as most forms of sclerosis.
3. *Nutritional disease*; such as general paralysis of the insane, paralysis agitans, chorea.
4. *Functional disease*; such as reflex convulsions and many forms of hysteria.

For descriptive purposes, however, the author makes use of the old classification of nervous diseases according to their seat, in the nerves, spinal cord, and brain.

Thus we find the book divided into five parts, treating respectively of general symptomatology, diseases of the peripheral nerves, diseases of the spinal cord, diseases of the brain, and general and functional nervous diseases. The first of these is especially valuable and practical, in that it describes carefully the various symptoms met with in nervous diseases according to their importance, and the methods for their investigation. This section closes with a consideration of the anatomy and physiology of the voluntary muscles, and the several deformities resulting from their paralysis, singly or in groups. We regard this subject of prime diagnostic importance, for by a knowledge of the functions disordered in any given case of paralysis, we are not only able to assign the pathological lesion a seat in the brain, spinal cord, or peripheral nerves, but also to localize accurately the exact seat of disease or diseases in one or the other of these structures. Just as important as this subject, is that of the anatomy of the peripheral nerves, with which Part II. opens. It has been said by some that anatomy is a dry study. Let him who would make such an assertion read our author's anatomical descriptions in this and in subsequent sections, and he will not fail to see his mistake. Gowers has the happy faculty of presenting, in a clear manner, only those points of value in diagnosis and treatment.

Seventy pages are devoted to the structure and functions of that most complicated of organs, the brain. A more difficult task on one's descriptive powers than the presentation of cerebral anatomy and physiology cannot well be imagined, yet the author has performed this task with his characteristic simplicity. The illustrations of brain sections accompanying the text have been selected with rare judgment.

To review *seriatim* all the good points of Gowers' "Diseases of the Nervous System" would require more space than that at our disposal; we can, therefore, refer to only such as are particularly striking. The paraplegia of Pott's disease is one of these. It has been the custom of neurological works to consider the various paralytic disorders arising from caries of the spine, under their respective pathological names, as pachymeningitis, myelitis, etc., merely mentioning the primary cause of the nervous disorder in a word or two under the head of etiology. Surgical works, also, greatly underestimate the importance of the subject, by inference, teaching that the spinal cord lesion is the direct result of bone pressure after deformity has occurred; and failing to give a proper idea of the character of the resulting paraplegia.

Symptoms referred to the ocular nerves are of great value. The author's

appreciation of this subject is testified to by the sixty pages in which it is considered. His skill as an ophthalmologist makes this chapter unusually interesting.

The principles of cerebral localization and cerebral surgery are well presented. Under the subject of lead poisoning, we find one little point that is to us unusually interesting, namely, the recommendation that opium may be used to relieve the constipation of lead colic. We do not know how long homœopaths have been thus making use of this drug; but we do know, however, that we find mention made of it in the oldest *materia medica* in our library. It does not seem to have occurred to Dr. Gowers that this use of opium is homœopathic, for he gives as the reason for its efficacy its power to "relax the spasm" of the bowels.

The therapeutic methods advocated are in advance of the teachings of works that have gone before; and yet they are not what we could wish. Nervous diseases are proverbially obstinate. Those of organic origin can only be stayed in their progress or palliated, while those of functional nature are only cured by the exhibition of skill and tact combined on the part of both physician and attendants.

CLINICAL THERAPEUTICS, by Prof. Dujardin-Beaumetz. THE TREATMENT OF NERVOUS DISEASES, OF GENERAL DISEASES, AND OF FEVERS. Detroit: Geo. S. Davis, 1885.

Dujardin-Beaumetz's lectures on therapeutics have been so frequently reported in old school medical journals as to require no introduction for their author at this time. He has long been known as a man with advanced opinions. Polypharmacy with him finds no favor. Medical Electricity, to which he devotes one lecture, is considered as thoroughly as the space given to it will admit, yet we think it would have been better to have ignored the subject entirely, rather than to have given an inadequate idea of it. In the lectures devoted to therapeutics of the nervous system, we find much that is useful and instructive. We must object, however, to the statement, made on page 175, that Wunderlich was the first to make use of the nitrate of silver in the treatment of locomotor ataxia, in 1861. Cases of ataxia cured and benefited, by this remedy, were reported in the *British Journal of Homœopathy* long before the above date. We must also dispute the author's claims to priority in the use of phosphorus in this disease. Homœopathy will give him the explanation he vainly seeks, of the beneficial action of both these remedies in ataxia.

The author's condemnation of the treatment of typhoid fever by cold baths we heartily endorse. The pyrexia must not be looked upon as the disease. There have been times when we have even felt that this symptom was a conservative process.

Dujardin-Beaumetz's *Clinical Therapeutics* is a work different from the ordinary old-school work on this subject, and is, moreover, one that cannot fail to be read with pleasure and with profit.

THE LANGUAGE OF MEDICINE, by F. R. Campbell, A. M., M. D. New York, D. Appleton & Co., 1888.

Here we have a book that fills what has hitherto been a gap in medical literature. It has been written in order to supply the medical student (and we would add the physician) with a means of acquiring the vocabulary of his science. A book of this character is necessary, even though the medical man has been a student of the classics, for the medical terms often have no connection with Latin or Greek words with which he is familiar. In presenting the Latin words used in medical works, the author discusses the principles of Latin grammar employed in nomenclature and prescription writing. The consideration of orthoepy adds to the value of the book, for the pronunciation of medical terms is, by no means always correct, even when used by those in authority.



A PRACTICAL TREATISE ON DISEASES OF THE SKIN, by James Nevins Hyde, A. M., M. D. Second Edition. Philadelphia, Lea Bros. & Co., 1888.

This revised hand-book of Dermatology, while not exactly filling "a long felt want, should undoubtedly find a place in the library of every specialist, and can well "fill the bill" alone for the student and general practitioner. Although laying no claim to originality, the author brings to his assistance an extended experience, which, with a graceful style, makes the book enjoyable and practical. The new edition has been largely rewritten and much enlarged to bring it up to date. The diagnostic and pathological portions are especially worthy of commendation, while the illustrations are well drawn and have the merit of being, to a considerable extent, original. The two colored plates are excellent.

The press work, binding and general get-up of the book reflect credit upon a firm well known for their universally elegant publications.

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## BOOKS RECEIVED.

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Of which there may be critical notice hereafter.

ODIUM MEDICUM AND HOMŒOPATHY—Reprinted from *The Times*, with additions. Boericke & Tafel, New York and Philadelphia.

ALLAN McLANE HAMILTON, M. D.—Modern Treatment of Headaches. Detroit, Geo. S. Davis, 1888.

WM. MURRELL, M. D.—Nitroglycerine in Angina Pectoris. Detroit, Geo. S. Davis, 1882.

J. MILNER FOTHERGILL.—Gout in its Protean Aspects. Detroit, Geo. S. Davis, 1885.

E. B. HADRA, M. D.—Lesions of the Vagina and Pelvic Floor, with Special Reference to Uterine and Vaginal Prolapse, with 83 Illustrations. Philadelphia, Records, McMullin & Co., Limited, 1888.

J. HALLIDAY CROOM, M. D.—A Manual of the Minor Gynecological Operations. First American from the second Edinburgh Edition. Revised and enlarged by Lewis S. McMurtry, M. D. Philadelphia, Records, McMullin & Co., Limited, 1888.

ALBERT H. BUCK, M. D.—A Reference Handbook of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine, and Allied Science. Illustrated by chromo lithographs and fine wood engravings. Vol. VI. New York, Wm. Wood & Co., 1888.

SAMUEL A. KIMBALL, M. D.—A Repertory of Gonorrhœa with the Concomitant Symptoms. Boston and Providence, Otis Clapp & Son, 1888.

CHAS. NEIDHARD, M. D.—A Pathogenetic and Clinical Repertory of Symptoms of the Head. Philadelphia, F. E. Boericke, 1888.

JAS. TYSON, M. D.—A Guide to the Practical Examination of the Urine, 6th Edition. Philadelphia, P. Blakiston Son & Co., 1888.

## GLEANINGS.

### A New Method of Testing the Refraction of the Eye.

Mr. A. Legge Roe recommends the following as a simple, easily applied, and very accurate method of testing errors of refraction: A trial frame is applied in the usual way, one eye excluded by a diaphragm and the patient instructed to look steadily at a distant object. A blackened disc perforated in the centre with a hole two millimeters in diameter is rapidly passed across the eye to be tested in a horizontal direction by the surgeon. The patient is questioned as to the direction taken by the object; if the motion is in the same direction as that of the disc, myopia is present, if in the opposite direction hypermetropia; if there is no apparent direction, emmetropia. The vertical meridian is then tested in the same way. If the motion is in opposite directions in the vertical and horizontal meridians, mixed astigmatism is at once diagnosed. An error of refraction having been detected suitable lenses are gradually added and the disc moved until there is no apparent motion of the object. The defect will then be corrected. There is a tendency to over-estimate myopia about .5 D, and to under-estimate hypermetropia .75 D. A good test object is a small picture-frame, using the vertical side for testing the horizontal meridian and *vice versa*.—*The Lancet*, March 3, 1888.

### Local Facial Sweating.

An investigation of the various observations made on local facial sweating will show that many instances are attended with increased redness and temperature in the area in which the secretion is augmented, and in other cases there are no such accompaniments. It is important to establish this distinction between cases attended with a modification of the capillary circulation, and those in which the vaso-motor perturbation is wanting, the nerves controlling sweating being alone affected. Ostroumow and Lucksinger proved the independence of vaso-motor and perspiratory phenomena in their experiments on the sciatic nerve of the cat. MM. Vulpian and Raymond think that the secretory fibres of the sweat glands of the face accompany the vertebral nerves, or else emanate from the bulbar filaments of the sympathetic. The cervical sympathetic is assumed to be paralysed if there be hyperæmia, hyperthermia, hypersecretion and myosis. When there is hypersecretion with a dilated pupil the explanation must be different. This group of symptoms may be referred to an irritative lesion either of the trunk of the sympathetic or of a centre in the medulla oblongata. Cases of medullary and cerebral lesion have indeed been recorded in which vaso-motor and sudatory troubles existed unilaterally. M. Raymond refers to a case of cerebral hemorrhage in which there was bilateral myosis, with facial sweating only on the left (the paralysed) side. There exists in the spinal cord an anatomical system intermediate between the motor and sensory zones which adjoin the ascending fibres occupying the cervix cornua posterioris and the deep part of the lateral columns; a region of mixed fibres enclosing nerve tubules of sensory, motor, and vaso-motor order. Lesions of these tracts are supposed to be the effectual agents in the production of the visceral crises and secretory troubles of tabes dorsalis.—*The Lancet*, March 31, 1888.

### Acute Gastric Catarrh.

Catarrh of the stomach is perhaps more frequent in infancy than catarrh of any mucous membrane; it attacks the feeble, the anæmic, the convales-



cent and the sufferer from any form of fever, whilst the healthy babe is not exempt. The gastric juice is altered in quality and diminished in quantity. The digestion is consequently impaired, whilst the muscular coat may be paralysed or too irritable. The treatment should consist more in the avoidance of certain articles than in the administration of drugs. Small quantities of iced water, seltzer, or other effervescing water relieve the thirst, and Jacoby recommends greatly diluted muriatic acid in the proportion of one part to three in ten thousand. Milk should not be given if there be much mucus ejected from the stomach, indeed, it is well to withhold milk entirely for a day or two, and give only whey or some mucilagenous or farinaceous liquid.—*The Lancet*, March 31, 1888.

#### **Action of Boiling Water on Typhoid Bacilli.**

Wilchur, of St. Petersburg, has found that when a volume of boiling water equal to that of a gelatine culture of typhoid bacilli is used on the culture, the bacilli are only partially destroyed, and that when the volume of water is double that of the culture all the bacilli are killed. Experiments on the dejecta of typhoid patients showed that when four times the volume of water was added to the dejecta, the bacilli were invariably destroyed. It seems then that this is an easy and certain method of disinfecting typhoid stools.—*Journ. of the Amer. Med. Assoc'n.*, March 31, 1888.

#### **Morrison's Test for Sugar in the Urine.**

Dissolve 10 centigrammes of pure ferrous sulphate in 8 cubic centimetres of urine by the aid of warmth; add 25 centigrammes of caustic potash, and boil. A dark green precipitate forms if sugar be present, and the supernatant liquid is reddish-brown or black, according to the amount of sugar. When sugar is absent the precipitate is greenish-brown in color and the liquid is colorless.—*Journ. of the Amer. Med. Assoc'n.*, March 31, 1888.

#### **Photoxyline as a Surgical Dressing.**

M. Von Wahl has lately tried substituting photoxyline for collodion in surgical operations. He employs a 5 per cent. solution mixed with equal portions of alcohol and ether. His experiments showed that photoxyline has the following advantages: It adheres more closely to the skin than collodion; it is absolutely impermeable, and is not deteriorated by washing or by prolonged contact with other fluids; it exercises a uniform compression on the tissues. It can, therefore, be strongly recommended in the case of slight surgical operations, when the patient is not obliged to lie up, and a voluminous antiseptic dressing is most inconvenient; as in plastic operations on the face, and in those performed in the region of the genital organs in male patients. In these cases, a thin layer of cotton-wool free from all greasy principles, and saturated with photoxyline is applied to the wound and fixed by means of sutures of court-plaster after bleeding has stopped. This layer will resist the dissolving action of any foreign fluids for eight or ten days. The uniform pressure it exercises renders drainage superfluous. In the case of children when it is almost impossible to prevent the contact of the dressings with the urine, photoxyline will be found especially valuable. In laparotomy, this form of dressing will suffice by itself, and will protect the abdominal wound in the most efficient manner.—*The British Medical Journal*, March 10, 1888.

#### **External Application of Sulphur in Sciatic Neuralgia.**

A few years ago in the Therapeutical Society of Paris, a discussion arose as to the best treatment for sciatica. Of course numerous methods were brought forward. The most novel, however, was one suggested by Dr. Henri Gneveau de Mussy. This treatment, said Dr. Mussy had been used in England with remarkable success.

The method simply consisted in laying the affected limb or part in a bed of the flowers of sulphur, which was spread upon a cloth. How the sulphur acted was not known, but it was noticed that the urine was strongly odorous of sulphuretted hydrogen.

The treatment was followed by speedy relief, and, as a rule, the patient was entirely free from pain in less than twenty-four hours.

Dr. Henri Gneveau de Mussy told of a case where the valet of a certain ambassador had been seized with a most violent attack of neuralgia. On the following day, the ambassador was to leave the city on a long journey, and was in great distress for fear that his servant could not accompany him. Dr. de Mussy having been called, immediately prescribed the external application of flowers of sulphur, and on the following morning, the recovery was complete, and the servant was able to undertake the journey, to the great satisfaction of his master.

Dr. L. Duchesne has recently adopted this treatment, and its use has always been attended with marked success.

In an article on the subject in the *Journal de Médecine* for January 15, 1888, Dr. Duchesne tells, among others, the following case:

A lady, aged about 48, and of good constitution, had been for some time past a most horrible sufferer from frequent and violent attacks of sciatica. She had tried innumerable remedies without ever finding any lasting relief.

Dr. Duchesne at once made an application of flowers of sulphur to the affected parts. The limb was embedded in the drug and covered with a cloth. In the morning, much to the patient's satisfaction, the neuralgia had entirely disappeared. Several years elapsed, but there has never been a sign of the neuralgia's returning.

The treatment is both harmless and easy, and is apparently attended with the best results, and is therefore worthy of the attention of the profession.—*Therapeutic Gazette*, April 16, 1888.

#### Diagnosis of Ascites in Children.

Excluding that of cardiac and albuminuric origin, ascites in children may be caused by tubercular peritonitis, or atrophic or hypertrophic cirrhosis. The existence of this condition in children is usually considered as indicative of tubercular peritonitis. There are cases, however, in which it is necessary to make a differential diagnosis from that condition which arises from hepatic cirrhosis. Grancher cites the case of a girl five and a half years of age, who, at the age of two years, showed excessive protuberance of the abdomen. His appearance was cachectic, the complementary circulation exaggerated. On three different occasions, aspiration was practiced, six litres of fluid being withdrawn each time. Death occurred when he reached the age above mentioned. At the autopsy, the liver was found in a condition of atrophic cirrhosis. In general, cirrhosis of the liver means atrophy of the organ, and the presence of tumors disseminated through the abdominal cavity constitutes the salient symptoms of tubercular peritonitis. If these conditions cannot be clearly made out, then it will be necessary to investigate carefully the form of the ascites. If the liquid is localized and immovable in one portion of the abdomen, and is not excessive in quantity, the probabilities are that tubercular peritonitis is present, especially if morbid changes in the lungs exist at the same time. On the other hand, if the liquid is movable and is in great quantity, hepatic cirrhosis probably exists. This differential diagnosis is most important, especially since tubercular peritonitis is much more susceptible of cure in children than in adults. This will have a decided bearing upon prognosis and treatment. The existence of hypertrophic cirrhosis of syphilitic origin must also be considered in reference to prognosis and treatment.—*Archives of Pediatrics*, May, 1888.

#### Transmissibility of Measles Through the Medium of the Eyes.

Galezowski has observed the transmission of measles in many instances by means of the eyes, generally under the form of phlyctenular kerato-con-



conjunctivitis, a subacute catarrhal conjunctivitis, persisting for a number of days, and attacking several members of the same family. When the ophthalmia has become fully developed, it becomes complicated with the ordinary phenomena of measles. When certain members of a family have previously had an attack of measles, the second attack is very apt to be localized in the eyes.—*N. Y. Medical Journal*, April 28th, 1888.

#### **Amblyopia from Sulphide of Carbon.**

Dubois de Lavigerie describes this form of amblyopia as analogous to the toxic form of amblyopia, due to the abuse of alcohol and tobacco. There is, however, a difference in the condition of the visual field, as there is usually no central color-scotoma. The question naturally arises as to whether the trouble is purely functional or due to the existence of organic lesions, and this can only be answered after careful examination and comparison of a large number of cases.—*N. Y. Med. Journ.*, April 28th, 1888.

#### **The Treatment of Tubal Pregnancy by Removal of the Tube and its Contents before Rupture has occurred.**

Dr. J. E. Janvrin, of New York, advocates, in the treatment of tubal pregnancy, laparotomy for the removal of the tube and its contained foetus before any hemorrhage has taken place from rupture of the cyst wall. In cases in which moderate hemorrhage has taken place, he believes it to be better surgery to perform laparotomy at once, than to trust to electricity in any form. Numerous cases of laparotomy successfully performed for tubal pregnancy after partial rupture of the sac, have been reported; but only one, that by Dr. Jos. Price, of Philadelphia, in which the operation was performed simply because of the extra-uterine pregnancy and without waiting for the appearance of dangerous symptoms. The destruction of the foetus by faradization has frequently been associated with protracted suffering on the part of the mother; and, moreover, in cases thus treated, the placenta will often go on developing enormously after the foetus has died. Dr. Janvrin dissents from the teachings of Thomas, Garrigues, Lusk and Mundé, that these cases be treated by electricity before rupture of the sac has taken place.—*N. Y. Medical Journal*, April 28, 1888.

#### **Oil of Peppermint as an Antiseptic.**

Mr. W. Leonard Braddon finds oil of peppermint an efficient antiseptic in the proportion of 1:3000. A piece of meat wrapped in peppermint gauze was still quite sweet at the end of seven months. In practice, he has employed it in a case of resection of a tuberculous knee, which healed without rise of temperature or a drop of pus; in a removal of a large sebaceous cyst from the neck, healing being complete in four days by primary adhesion; an operation for strangulated hernia; and several minor operations. He has also made use of local applications of oil of peppermint in diphtheria with brilliant results.—*N. Y. Med. Abstract*, March, 1888.

#### **Tubercle Bacilli in the Urine.**

At a recent meeting of the Suffolk Co. Medical Society, Dr. Gannett showed a microscopic specimen of the bacilli of tuberculosis in the urine. He remarked that the diagnosis of tuberculosis of the urinary tract can be rendered almost certain by the discovery of the tubercle bacilli in the urine. The specimen is prepared in the same way in which sputum is prepared by allowing the sediment to settle, then taking a drop and mounting it on the cover glass. That is then strained in fuchsin, and afterward, in the contrasting stain of blue. General experience has shown that in connection with the urine, the bacilli are present in the arrangement found in pure cultures of the bacilli. Very few free bacilli are to be seen. *The Epitome*, April, 1888.

### Tinea Tonsurans treated by Electrical Applications of Germicide Solutions.

To insure the penetration of the parasiticide into the folds of the hair follicle and to the junction of the papillæ with the hair bulb, Reynolds uses the continuous electric current. The sponge electrode attached to the positive pole, and well impregnated with an anti-parasitic solution, is placed over the diseased zone. The negative electrode is then placed on an indifferent point. The impregnated electrode should be kept in contact with the diseased spot for several minutes. The sittings should take place not oftener than once a day.—*The Epitome*, April, 1888.

### Kefir or Milk-Wine.

Reeb gives the following improved formula for making Kefir: To fresh milk acidulated with a small quantity of citric acid, add two per cent. of simple syrup and shake the mixture vigorously to insure more active fermentation. Cork securely in strong bottles and keep them undisturbed in a warm place. In three or four days, the Kefir is ready for use. It contains two per cent. of alcohol, is strongly effervescent, and possesses a very agreeable bouquet.—*Amer. Journ of Pharmacy*, April, 1888.

### Potentilla in Night-Sweats.

A writer in the *Therapeutic Gazette* recommends infusion of potentilla as a valuable remedy in night-sweats. It is the cinque-foil, potentilla canadensis, called by some botanists potentilla sarmentosa. He first heard of the remedy from an old negro.

### Persistent Vomiting of Pregnancy Healed by Alimentation through an Oesophageal Tube.

Brunniche reports the history of a single woman menstruating irregularly, who came to the hospital suffering, for two months past, with serious gastric trouble. An ulcer of the stomach having been diagnosed, the possibility of pregnancy was set aside. Shortly after the patient was admitted, the vomiting became so severe that all nourishment was rejected and she was in danger of starvation. Alimentation by means of an oesophageal tube was resorted to, and the injection of broth, followed by cold water before the tube was withdrawn, was the first nourishment which the patient took without vomiting. She was then given milk, and, as the vomiting did not recur, she was given broth with the same result. After five days, she was allowed to swallow a little food, but the nausea and vomiting having recurred, the use of the tube again became necessary. Pregnancy was then easily diagnosed. In the course of three weeks, the tube was no longer necessary, and the woman having meanwhile been delivered, was cured.—*The Pacific Record of Medicine and Surgery*, April 15, 1888.

### Brass Ague.

The following are the symptoms of this so-called ague: After working a few hours, a man becomes languid, depressed, and feels very cold. He is very pale and almost in a state of collapse, his face is covered with a cold perspiration, he shivers, his teeth chatter, and he is restless and anxious. His head aches, there is much nausea and complaint of muscular pains. As a rule, he goes or is led home, where he drinks freely of milk, and goes to bed. The symptoms continue until he has vomited, vomiting being followed by sleep and recovery, with more or less of debility and lassitude on awaking. Drs. Greenhow and Hogben speak of a more or less marked hot stage following the cold, and following the hot stage, they mention profuse sweating. Dr. Robert M. Simon has, however, never noted these stages. Brass-workers only suffer from this "ague" when fresh to the work.—*British Med. Journ.*, April 28, 1888.



### Reflex Psychosis from Traumatism.

At a meeting of the Berliner Gesellschaft für Psychiatrie und Nervenkrankheiten, held on January 9th, 1888, Dr. Thomsen presented the following case:

W., an invalid soldier, with heredity history, but himself always healthy, received a gun-shot wound in the right upper extremity, in 1870. In 1884, attacks of pain appeared in the arm; these gradually increased, and in 1885, during every attack of pain, an hallucinatory mental disturbance made its appearance; of short duration and with pure intervals at first, but later more intense and less clearly periodical, the intervals being filled with fearful dreams, emotional depression, etc. During the paroxysm, the patient sees forms and animals, men covered with blood, dogs, buffaloes, etc., which threaten him, so he believes. During the severe attacks, he becomes confused and very much excited; during the mild ones, merely seized by fear; during the intervals, he is wholly mentally sound and has full knowledge of his condition. During the attack there is right-sided hemianæsthesia, involving both the skin and the organs of special sense; smell and taste are gone on the same side, the field of vision is enormously contracted on both sides, colors are distinguished very poorly or not at all (excepting red); there is deafness in left ear. During the interval, all disturbances of sensation disappear. On December 27th, 1887, the cicatrix was cut out, two days after which there was a return of hallucinatory attack lasting but twenty-four hours, and ever since then a return to mental health and normal sensation. The patient never had epilepsy. The speaker concluded, therefore, that the patient was a case of pure peripheral reflex psychosis.\*—*Journ. of Nervous and Mental Dis.*, April, 1888.

### The Value of Diabetic Foods.

In the treatment of diabetes, it has been thought desirable to restrict the diet of the patient to articles containing little or no starch. To meet the demand for such food, numerous articles have been designed and advertised to the patient as containing no starch. Dr. Charles Harrington reports the results of analyses of eleven different varieties of these foods. Those called gluten flour, diabetic flour, health flour, gluten wafers, gluten flour of the New York Health Food Company, diabetic flour of the Boston Health Food Company, and Carlsbad wafers, were all found to contain large percentages of starch. "Flour of bran" was found to contain no starch, but its food value was about the same as that of the same quantity of saw-dust.—*The American Lancet*, May, 1888.

### Immediate Suture of the Urethra in Traumatic Stricture.

In complete rupture of the urethra, a rational method of treatment should, according to Erasme, fulfill the following indications: 1. To open a wide passage for the fluids which have accumulated about the point of rupture. 2. To bring about rapid union of the two ends of the ruptured urethra and the walls of the cavity formed by the extravasation into the perineum. 4. To prevent cicatricial contraction of the urethral canal.

Antiseptic treatment, carried out according to the rules indicated by Hueter and Löbker, by fixing an elastic catheter à demeure, and by antiseptic packing of the wound, or by suture of its borders in producing a more rapid union, and a less developed inflammatory new formation, diminishes a little, the retractility of the peri-urethral tissues, but does not prevent the cicatricial contraction of the newly formed portion of the urethra.

We cannot hope for a complete and lasting result excepting in the immediate reunion of the two extremities of the urethra, without interposition of

\*A case similar to this was seen by us, in which the exciting cause was a painful cicatrix on the fore-finger of the right hand. Amputation of the finger was performed. The nerves of the affected part were found thickened and inflamed. When last seen, improvement had followed the operation.—EDS. HAHNEMANNIAN.

newly formed tissue. In complete rupture, can we hope for union by first intention? This problem has been carefully studied in an experimental and clinical work by Kaufmann, of Munich. He experimented upon dogs, and found that primary union was possible under most conditions. The borders of the mucous membrane must be carefully and exactly sutured by cat-gut, and the catheter removed, as it will prevent perfect antisepsis, catheterism being practised only in the first days. The perineal wound is to be dressed open and covered with an antiseptic bandage. When there is much separation of the two extremities, the elasticity of the canal will undoubtedly permit of approximation and complete union. Mollière and Koenig found that union would take place after a considerable section of the canal had been removed. The author thinks Kaufmann's proposition, to apply to man the immediate suture, is perfectly justifiable. The following case is related: A young man of 38 fell upon a barrel, striking the perineum; he had retention, tumefaction of the scrotum, blueness of the perineum, and swelling and persistent hemorrhage from the urethra. Diagnosis—Severe rupture of the urethra. A median incision was made in the perineum from the margin of the scrotum almost to the anus. Beneath the superficial aponeurosis, was found a cavity filled with clots and urine, and extending nearly to the symphysis pubis. The tear could not be discovered, so the urethra was incised longitudinally upon the point of a catheter to one side of the bulb, and complete division of the canal in a transverse direction was found. The tear was sutured with catgut, and the bulbo-cavernous muscles which had been torn across at their insertion were sutured to the transverse muscles. Iodoform dressings were applied and a permanent catheter introduced. Drainage tubes were inserted and constipating drugs administered. On the third day, the catheter was changed and union was apparent in the upper two-thirds of the wound. By the twelfth day, the wound was nearly healed; no urine escaped from the perineal opening for five days. The catheter was removed and urination freely established, and two weeks later the patient was discharged. The reunion of the canal was rapidly effected in this case, although some urine had escaped through the wound. The sutures were not applied to the mucous membrane directly, but close to it in the submucous and cavernous tissues. Kaufman's sutures included the mucous membrane and were tied inside the canal, but the operation here carried out appears to the author to offer more probability of success. It is requisite that the points of suture in the perineum be separated so as to assure discharge of the secretions and urine which may escape through the sutured urethra. Rigorous antisepsis is necessary. Immediate suture is regarded as preferable to the late suture of Mollière, and, according to Kaufmann, finding the posterior extremity of the urethra is more difficult than in recent cases. Kauffmann's statistics give a mortality of 8.79 per cent. for cases treated by early perineal incision; 19.04 per cent. for cases treated by the hypogastric puncture, and 20 per cent. for those treated by the late perineal incision. It is probable that the differences would be still more marked for suture of the urethra.—*Journ. of Cutan. and Vener. Dis.*, May, 1888.

#### Antipyrin as an Analgesic during Labor.

At a recent meeting of the Academy of Medicine, of Paris, Queirel reported that he had used antipyrin as an analgesic during labor in 15 or 20 cases, with excellent results. A hypodermic injection of four grains was often given, and repeated without inconvenience. During the period of dilatation of the cervix, the effect of antipyrin was especially good; the progress of labor was not retarded, but accelerated. Labor pains occasioned much less suffering, while the contractions of the uterus were rendered more vigorous.—*Medical News*, May 5, 1888.

#### Arsenicum and Rhus in Sciatica

Dr. Honan reports the case of a man who had had sciatica for over five years. The pain was in the great sciatic and chiefly at its point of egress



from the foramen, but it extended to the os calcis. The heel was drawn up and he walked on the ball of the foot like patients with talipes equinus. He had been exposed to damp and cold. Arsenicum album and rhus were prescribed. Improvement soon began, and in seven weeks, the lameness and pain were entirely gone.—*Homeopathic World*, April, 1888.

#### Subcutaneous Separation of Trachea from Larynx.

At the *Versammlung Deutscher Naturforscher und Aerzte* last September, NOLL, of Hanau, reported the case of a workman who received a severe blow on the front part of the neck from a piece of machinery. The skin was not wounded, and only a little blood was coughed up. The neck was soon very much swollen, and attacks of suffocation soon came on. On making a tracheotomy Noll found that the trachea was separated from the larynx, and very much retracted, and that the cricoid and thyroid cartilages were fractured. The trachea was drawn up and sutured to the larynx, and a canula was placed in the passages. Later it could not be removed because it was held in by a cicatricial contraction. The usual methods of dilatation failed, and a laryngo fissure was made, in which a Dupuis's canula was worn for nine months. The trachea and larynx are now grown together. The patient is in good condition, but his voice is hoarser than before.—*Journal of the Amer. Med. Association*, April 7, 1888.

#### A New Means of Diagnosing Penetrating Wounds of the Intestines.

Dr. Nicholas Senn, before the Surgical section of the American Medical Association, demonstrated the use of hydrogen gas in the diagnosis of these wounds. Enemata of the gas were given to dogs for a few minutes, and it was then ignited at the animals' noses; stab and pistol-shot wounds were inflicted and the gas ignited at the point of puncture. The gas was shown to be innocuous.—*New York Medical Journal*, May 19, 1888.

#### Pyrogenium in Fevers and Blood-poisoning.

Dr. J. Compton Burnett instances several cases of typhoid fever, in which the fall of temperature and the general improvement were marked after the use of *pyrogenium* 6, five drops in water every two hours. Shulldham relates three cases of diphtheria cured, and a case of phthisis pulmonalis relieved by temperature reduction by the *pyrogenium*. This nosode is the one introduced several years since by Dr. John Drysdale, and called by him *pyrecin*, or *pyrogen*, of which he says: "The most summary indication would be to term it the aconite of the typhous or typhoid quality of pyrexia."—*Fevers and Blood-Poisoning, and their Treatment, with Special Reference to the Use of Pyrogenium*, by J. Compton Burnett, M. D., London.

#### Differential Diagnosis of Renal Diseases.

1. *Acute Parenchymatous Nephritis*.—Urine scanty; dark, smoky if acid, red if alkaline; highly albuminous. Specific gravity usually high (1025 or more), not from increased urea but from blood. Sediment reddish-brown, purulent, and made up of casts (large epithelial, blood, hyaline, and dark red granular), red blood corpuscles, kidney epithelia and crystals of uric acid. Chlorides and earthy phosphates are diminished at first; hematin, indican and uric acid are increased.

There is œdema and a history of scarlet fever or exposure to wet when heated.

2. *Chronic Parenchymatous Nephritis*.—Urine pale, usually diminished in quantity, albuminous (less than in No. 1). Specific gravity low (1010-1015). Sediment white and consisting of casts (highly granular, hyaline, and containing fragments of epithelium, or a little oil, or partially fatty cells), and compound granule cells. Urea and pigment less, chlorides normal.

Edema sometimes, dropsy late; characteristic pale, waxy look; chronicity (over six weeks).

3. *Secondary Contraction of the Kidney after Chronic Nephritis*:—Urine increased in quantity, specific gravity varying accordingly. Sediment scanty and contains casts (broad granular, waxy); fewer fatty cells, urea, less albumen (various however), and less dropsy than in previous forms, chronicity (over a year).

4. *Interstitial Nephritis*: Urine pale, increased in quantity. Specific gravity and urea decreased. Little or no albumen or sediment; in latter occasional and usually small hyaline and finally granular casts. No dropsy. Hypertrophy of left ventricle.

5. *Amyloid Degeneration of the Kidney*: Urine increased in quantity, pale, clear, of low specific gravity (1007-1015); urea diminished. Little or no sediment, and but a trace of albumen at first with an increase later. Casts, when present, are broad, dark, granular, hyaline, and waxy; occasionally fatty.

Increasing dropsy; enlarged liver or spleen; history of syphilis, bone disease, diarrhoea, phthisis, etc.

6. *Acute, Active Hyperæmia of the Kidney* ("cloudy swelling"): Albuminuria usually the sole symptom; casts rare (hyaline); no dropsy. Occurs in pregnancy, diphtheria and acute fevers.

7. *Cyanotic induration of the Kidney*: Interstitial hyperplasia from long continued passive congestion. Usually accompanies valvular heart disease, dropsy, scanty urine of high specific gravity (1030 or more), moderate amount of albumen, rarely casts.—*A Guide to the Practical Examination of Urine*, by James Tyson, M. D. Sixth Edition, 1888: P. Blakiston, Son & Co., Philadelphia.

#### Ligature of the Thyroid Arteries to Induce Atrophy of Goitres.

Dr. Th. Billroth, after crediting his former assistant, Wölfler, with the operation, gives it the first place after extirpation, the occasional drawbacks to which are tetanus, the inclusion of the recurrent nerve in the ligature, and the cachexia that sometimes follows in children. The last he has never met with. A priori there seems to be enough blood supply from above and below to prevent gangrene, and gradual atrophy will follow, but it is a question whether absorption of degenerated portions can occur. Hence it is especially to be recommended in the rapidly growing goitres of young people. Probably the cachexia will not appear as the atrophy extends over a considerable time. Permanency of the atrophy depends on the obliteration of all four arteries and the non-establishment of an early collateral circulation. As to the technique, he has found it at times a more difficult operation than extirpation. The inferior thyroid arteries are very fragile and retract behind the scalenus, which he had to cut through in one instance.

He reports five cases:

1. Female, aged 25 years. Iodine injections, contraction, recurrence; ligature of the two inferior thyroids, the hypertrophy being mainly of the lower portion; complete disappearance after four weeks. Recurrence in three months, enucleation, cure.

2. Male, aged 22 years. Large goitre, ligature of the four arteries, slow atrophy until lost sight of two months later.

3. Male, aged 18 years. Similar growth, ligature of the four arteries, complete disappearance in 28 days.

4. Male, aged 20 years. Enormous growth containing many hard nodules, ligature of the four arteries, marked diminution, nodules persist, still under observation.

5. Sarcoma of thyroid, ligation of inferior thyroids, death.

In conclusion, he states he will perform the operation in selected cases; all four arteries should be tied at one sitting; in all cases a moderate fever follows, probably from absorption; from a cosmetic standpoint the appearance of an atrophied thyroid is infinitely superior to none at all.—*Wiener Klinische Wochenschrift*, No. 1, April 5th, 1888.



### The Electro-endoscopic Cystoscope in Tumors of the Bladder.

Dr. Max Nitze reports fifteen cases of vesical tumor diagnosed by his cystoscope. He claims that with one look into the bladder "illuminated as if by daylight," he can generally form an opinion as to the size, shape and location of the growth. In one case, his diagnosis was verified by the autopsy, in seven cases by epicystotomy and extirpation, in one (a female), by removal through a dilated urethra. The examination was made under difficulties at times; in several there was a small meatus; in others, continuous hemorrhage, and in one the instrument passed through the centre of a tumor that bled freely. He concludes by comparing his results with those obtained previously in these cases by examination of the urine, rectal palpation and the sound; these were in every instance negative, and that too in the hands of eminent and experienced specialists.—*The Lancet*, April 21st, 1888.

### Prof. Guyon on Neuralgia of the Bladder.

The causes are varicocele, diseases of the testicle and kidney, locomotor ataxy and other forms of myelitis (of which it is often the first symptom), hysteria, hypochondriasis, and simple nervous tendency, inherited or acquired. It is only to the last three that he pays attention as the diagnosis otherwise is easy. The most common is to confound it with painful cystitis, and the following are points to be looked to: In cystitis, there are frequent micturition, pain and tenderness of the bladder, and alteration of the urine. In neuralgia, the urine is normal, there is no frequency of micturition, the bladder is not tender on pressure over the hypogastrium, or through the rectum, nor on introduction of the sound; but there is a symptom which is present in all nervous people, or in those who are continually thinking of themselves, increased sensibility and resistance to the passage of an instrument through the membranous portion of the urethra, which is often mistaken for stricture. Further, the bladder will hold considerable quantity of injected water, which it will not do in cystitis.

This neuralgia commonly occurs in people who suffer from similar pains elsewhere, and it is more frequent in men than in women. For treatment, its cause (if there is one) must be removed; and for a nervous person, with no discoverable lesion, treatment for general health, and *very gradual* dilatation of the urethra with bougies; it is important that the dilatation be not rapid or forcible. Hydropathy is generally very beneficial.—*Annals of Surgery*, April, 1888.

### Cholecystotomy with Ligation of the Cystic Duct.

Dr. Zielewicz, of Posen, reports a case of cholelithiasis and empyema of the gall bladder; cholecystectomy was attempted, but firm adhesions to the liver with profuse hemorrhage on breaking up the same, caused him to desist. He then divided the cystic duct between two ligatures, incised and emptied the gall bladder and stitched it to the surface wound. It filled up with granulations. The stools, which were pale for a few days, soon became normal. He briefly recapitulates the operations on the gall bladder. "Ordinary" cholecystectomy has the drawback of a long lasting biliary fistula, with its drain on the system; it also allows the recurrence of calculi. The "ideal" cholecystotomy, with suture of the gall bladder, which is returned into the abdomen, has the drawback that the sutures may not hold. Furthermore, in case of recurrence, a second laparotomy is required and not a simple incision, as in adherent gall bladder of the former operation. He then recommends excision when there are no adhesions (or slight ones) to the liver, or, when these are present, the operation performed by him, which he claims is the first on record on a human being. He makes the reservation, however, that such an extirpation may be followed later by derangements of the system, just as has been shown to be the case in thyroid extirpations.—*Centralblatt für Chirurgie*, No. 13, March 31, 1888.

### Brain Surgery in Dublin.

At a meeting of the Surgical Section of the Royal Academy of Medicine, three successful cases of trephining were reported, and the discussion upon the papers was adjourned to a future night. These cases were all remarkable. Professor Thornley Stoker read particulars of a case in which a man fell from a cart while drunk. He came to the Richmond Hospital some days later, rather stupid, and with some lightly marked paralytic symptoms. It was not easy to determine whether he had not an attack of apoplexy. The paralysis became more marked, Mr. Stoker trephined in the region of the fissure of Rolando—there was no fracture—and struck the margin of a blood-clot. He again trephined and more fully exposed the clot, which was washed out. The area so compressed was about three inches, and the clot measured nearly an inch in depth. The patient recovered and was exhibited. Sir W. Stokes read a paper on a case of successful trephining for cerebral abscess, and exhibited his patient. The man had been struck with a poker on the left side of the mesial line of the head, and about an inch anterior to the coronal suture. He was treated as an out-patient at another hospital, but ultimately applied at the Richmond, when he was admitted, several weeks having elapsed from the date of the injury. He soon presented brain symptoms, became convulsed and comatose, and it was determined to trephine. A small fracture was found under the scar; the dura-mater bulging into the wound, an exploring needle was introduced to the depth of an inch and a half, and pus was at last found. The dura-mater was then incised, and one ounce and a half of pus was evacuated. The patient completely recovered, and is now attending to his ordinary work. The paper noted eleven other cases of abscess which had been operated upon by various surgeons, and discussed the questions involved. The third case was brought forward by Dr. C. B. Ball, of Sir Patrick Dun's Hospital, and the patient was also produced. The lad had been struck with a small knife over the squamous portion of the left temporal bone ten days before admission. The wound was healed, but he had some aphasia. Pain in the head and ear supervened, and the aphasia increased. It was determined to explore. He was trephined some weeks after the original injury. A wound was found in the dura-mater corresponding to the puncture of the bone. A sinus forceps was passed in, the wound opened up, and some blood clot escaped. The patient was decidedly better, but next morning, he was again aphasic. The wound was washed out and more blood clot escaped. The aphasia almost disappeared, but two days later it returned, and the wound was again washed. After this, the patient progressed favorably, and is now well. Dr. Ball pointed out the rôle of the brain lesion, as indicated by the various symptoms of aphasia. The group of cases was a very remarkable one, and the record of them cannot fail to influence the views of surgeons on the subject of brain surgery.—*British Medical Journal*, March 3, 1888.

### A Non-Expensive Splint Dressing.

In the preparation of splints, Dr. J. B. McKell first prepares the following solution:

Gum shellac, one pound.  
Sodii borate, one drachm.  
Alcohol (98 per cent.), one pint.

After the solution is prepared, the material for the body of the splint is to be obtained. A piece of old chinchilla or of new cloth may be used for this purpose. The material is cut to the proper shape of the affected limb, thoroughly washed and rendered aseptic. After the cloth becomes absolutely dry, it is painted with the shellac compound until it is thoroughly saturated. It is now applied to the limb and accurately moulded to the surface. In a very short time, the cloth becomes stiff and soon forms a rigidity so marked, that in an absence of a temperature above 100°, all efforts to bend the splint are of no avail.—*Cincinnati Lancet-Clinic*, February 11, 1888.



### The Action of Naphthaline on the Visual Organs.

According to some recent experiments, the ingestion of naphthaline produces marked lesions of the retina, the optic nerve, the vitreous humor, and the crystalline lens in guinea-pigs. On the retina, its administration is followed by small patches of a brilliant white, which rapidly increase in size and coalesce, principally in the neighborhood of the optic nerve. In large doses, the retina is rapidly destroyed. In the vitreous humor, a number of opalescent opacities appear, not unlike cholesterin. The most curious effects are those observable in the crystalline lens; the appearance of the white spots is preceded by shaded lines, followed by the formation of opacities either on the posterior surface or round the edge immediately beneath the capsule. In a few days, the lens will have become quite opaque. The histological examination shows that these patches are due to an exudation of round cells beneath the capsule and between the peripheral fibres of the lens.—*Medical Press*, January 18, 1888.

### Sour Milk in Summer Diarrhœa.

According to the Berlin correspondent of the *Med. Press*, February 8, 1888, the house-surgeon of the prison Zweibrücken, Dr. Osthoff, had in two annual reports, spoken very favorably of the employment of sour, curdled milk in summer diarrhœa, in adults as well as in children. Such teaching may seem startling to the English mind, with its prejudice against using milk having about it any suspicion of sourness, and especially as an article of food for infants. It should be borne in mind, however, that England is, perhaps, the only country in the world in which such a foolish prejudice exists, and in which, sour milk is not considered at least as wholesome as milk that is sweet. But this by the way. Dr. Osthoff endeavors to explain the beneficial action of sour milk in the following way: He believes that the bacilli of sour milk destroy and overcome by their rapidity of growth the other micro-organisms that are the cause of the diarrhœa, and that they thus bring the process to a stand-still. In addition to its value as a dietetic agent in summer diarrhœa, it proved exceedingly useful in all chronic abdominal affections associated with dyspepsia, in chronic intestinal and hepatic diseases with diarrhœa or constipation, in jaundice, and as an article of diet in typhoid, pneumonia, and erysipelas. In tuberculosis of the intestines, however, it increased the diarrhœa. It forms a valuable means of support to Oertel's treatment in cardiac cases and in cases of emphysema, in small quantities as a substitute for coffee, wine, beer, and water, as a thirst-quenching drink, as well as a food containing both muscle- and fat-forming material in one and the same form. At the instance of the Bavarian ministry, Professor von Voit worked out an official report on this sour-milk therapeutically, and from this, some interesting details may be extracted. Sour milk very much resembles fresh milk as a food (four per cent. albumen, three per cent. fat, four per cent. sugar). The use of it is to be recommended as an addition to the needful amount of hydrocarbons. Moreover, especially in summer, it forms a refreshing drink, and may be ordered with advantage in dyspepsia. The action of sour milk is very varied; sometimes it causes constipation and sometimes diarrhœa. For this reason he recommends that in infantile diarrhœa it shall be used with caution. In general, he recognizes the value of sour milk as an article of diet. A writer in the *Deutsche Medizinische Zeitung*, commenting on the above, draws attention to the similarity of sour milk and kefir, and, let us add, the imitation koumiss, now so familiar. Both are used in phthisis. Koumiss at one stage (when fresh) is known to relax the bowels, while at another it constipates. It is the same with kefir, and doubtless it will be the same with sour milk; as it gets older it becomes more constipating. We think Dr. Osthoff has done well in drawing attention to a neglected and very useful article of food.—*Therapeutic Gazette*, April 16, 1888.

## NEWS.

**PERSONAL.**—Prof. J. T. Kent, M. D., of St. Louis, has removed to Philadelphia.

Dr. Van R. Tindall has removed to 205 Catharine street; and Dr. D. M. Tindall, to Morton, Pa.; and Dr. Chas. L. Tindall has located at 240 Federal street, Philadelphia.

Dr. J. B. Garrison has removed to 111 E 70th street, New York.

**THE CHIRONIAN**, the excellent little journal published by the students of the New York Homœopathic College, is now a financial as well as a literary success.

**PROGRESS IN MINNESOTA.**—The Minnesota Homœopathic Medical College has succeeded in securing a homœopathic medical department in the new State University Medical Department at Minneapolis.

The Board of Regents has appointed the following faculty: Professor of Theory and Practice, Dr. Henry Hutchinson, St. Paul; Professor of Materia Medica and Therapeutics, Dr. W. E. Leonard, Minneapolis; Professor of Obstetrics, Dr. H. C. Leonard, Fergus Falls; Professor of Gynecology, Dr. A. E. Higbee, Minneapolis; Professor of Principles and Practice of Surgery, Dr. R. D. Matchan, Minneapolis; Professor of Pædology, Dr. H. W. Brazie, Minneapolis; Professor of Clinical Medicine, Dr. Geo. E. Ricker, Minneapolis; Professor of Ophthalmology, Dr. J. F. Beaumont, Minneapolis; Lecturer on Clinical Surgery, Dr. W. S. Briggs, St. Paul; Lecturer on Laryngology, Dr. H. C. Aldrich, Minneapolis; Lecturer on Dermatology, Dr. E. L. Mann, St. Paul; Lecturer on Nervous Diseases, Dr. S. M. Spalding, Minneapolis; Lecturer on Genito-urinary Diseases; Dr. H. B. Ogden, St. Paul; Lecturer on Otolaryngology, Dr. D. A. Strickler, Duluth.

**ANNUAL MEETING OF THE WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.**—The twentieth annual meeting of the West Jersey Homœopathic Medical Society was held at the Homœopathic Hospital, Camden, May 5th, at which the following officers were elected: President, Joseph Shreve; Vice-president, Harrison B. Hall; Secretary, G. D. Woodward; Treasurer, A. E. Griffith; Board of Censors, J. G. Streets, Wallace McGeorge and E. M. Howard. Delegates were elected as follows: To the American Institute of Homœopathy, E. M. Howard and Daniel R. Gardiner; New Jersey State Homœopathic Medical Society, M. F. Middleton and Clarence G. Abbott; Pennsylvania State Society, E. R. Tullis; Philadelphia County Society, Harrison B. Hall; New Jersey State Sanitary Association, J. G. Streets and E. M. Howard.

**BUREAU OF SURGERY FOR 1888, A. I. H.** The surgical section of the American Institute of Homœopathy will discuss the all important subject of "Surgery of the Intestinal Tract." Papers to be, 1. "Operations upon the gall bladder," by W. T. Helmuth, M. D. 2. "Obstructions of the Intestines (except Hernia) by J. H. McClelland, M. D. 3. "Wounds of the Intestines," by C. M. Thomas, M. D. Although the action of the Institute limits the bureau to a small number still the sectional meeting is open to all who feel any interest in the subject.

It is especially desired that every one will contribute from his own experience special cases and statistics of cases bearing upon the subject, that we may thus gain the greatest amount of good from the work in this department.

If anyone has given his time to special research or experiments upon a surgical subject we shall be glad to have it reported, and upon notice, a place will be given such a paper during the meeting of the surgical section.

JOHN E. JAMES, M. D. Chairman.



THE ANNUAL MEETING OF THE NEBRASKA STATE HOMŒOPATHIC SOCIETY was held in the parlors of the Windsor Hotel, at Lincoln, Nebraska, May 8th, 9th and 10th. The meeting was called to order by the 2nd Vice-president, Dr. A. O. Faulkner, of York. The report of the Secretary, Dr. F. W. Winter, of Wymore, was read and accepted. The report of the Treasurer, Dr. O. S. Wood, of Omaha, showed so large a balance in the treasury that it was voted to abate the annual dues for this year.

In the report of the Bureau of Obstetrics, Dr. Williams, of Omaha, read an able paper on "Puerperal Fever," which was thoroughly discussed by Drs. Righter, Connell, Carscadden, Pain, Foristall, Shoemaker, Dorris, Allen and Bumstead.

Under Bureau of Gynecology, Dr. Bamsdale read a paper on "Cystocele," a discussion of the paper followed.

Under the Bureau of Pædology, Dr. Foristall read a paper on "Membranous and Diphtheritic Croup." Both the paper and the discussion were full of interest.

Under the Bureau of Pathology, the differential points between membranous and diphtheritic croup were taken up.

Dr. Allen, of Omaha, Chairman of the Bureau of Eye, Ear and Throat, gave a very interesting talk on diagnosis of diseases of the ear.

The Bureau of Nervous Diseases had a very interesting paper by Dr. F. W. Winter.

Dr. Bumstead presented a paper under Bureau of Sanitary Science.

Dr. Brooks sent in an excellent paper under Clinical Medicine.

It was voted to hold the next meeting at York, Nebraska, in May, 1889. Drs. G. H. Neal, M. A. Carricker, R. A. Blackburn, M. A. Howard, and Mrs. Laura Edwards, were admitted to membership.

The following officers were elected for the ensuing year: President, Dr. B. F. Bailey, Lincoln; 1st Vice-president, Dr. E. T. Allen, Omaha; 2nd Vice-president, Dr. J. B. Foss, Crete; Secretary, Dr. D. E. Forristall, York; Treasurer, Dr. O. S. Wood, Omaha; Censors, Drs. J. B. Hawk, Great Island, C. S. Sprague, Omaha, R. Carscadden, York; Legislative Committee, Drs. C. M. Dinsmore, Omaha, B. L. Paine and F. B. Righter, Lincoln.

THE COMMENCEMENT EXERCISES OF THE N. Y. HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL were held in Chickering Hall, N. Y. City, on the afternoon of Friday, April 13th. A large audience, music, and a fine class made the occasion a brilliant one. The Dean, Professor Allen made the opening address, in which he spoke of the flattering prospects of the College. Hon. Rufus B. Cowing and Rev. Dr. Bowles also made admirable speeches. The prizes were presented by Prof. Malcolm Leal, President of the Faculty. The valedictorian chosen by the class was Julius T. W. Kastendieck. The first Faculty prize, a valuable microscope, was awarded to Frederick W. Hamlin, A. B., N. Y. City, for the highest grade of scholarship during the three years' graded course. The second prize, also a microscope, was awarded to Edward S. Smith, of New Haven, Conn., for the second highest grade during the same period. The following received honorable mention: 1st, Charles A. Gwynn; 2d, W. H. Sawyer; 3d, Clarence U. Platt; 4th, Allen E. Baker; 5th, Alva A. Hoag. The Junior prize, a Hel-muth pocket surgical case, for the highest grade of scholarship in all the junior studies was awarded to Paul Allen, N. Y. City. The following members of the Junior class received honorable mention: 1st, Frank C. Bunn; 2d, Chauncey E. Low; 3d, George H. Jenkins; 4th, C. H. Lewis; 5th, Charles E. Wilcox. The work on the new college and hospital buildings will be commenced during the month of May. It is expected that the new college building will be ready for occupancy at the opening of the session of 1889.

DIED.—GREENLEAF.—Died at New Britain, Conn., April 23d, 1888, Mrs. Anna B. Greenleaf, sister of the late Hans B. Gram, M. D., aged 86 years and 10 months.

DOWLING.—After a lingering illness, Friday, May 11, Frances A., wife of Dr. J. W. Dowling, in her 47th year.

THE  
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ON THE EVIDENCE OF THE EFFICACY OF THERAPEUTIC METHODS.

BY C. WESSELHOEFT, M.D., BOSTON.

IF there were nothing in homœopathy but its absolute safety as compared with the older method of administering medicines to the sick, this quality alone should make it worthy of universal adoption, for, on this account alone, it is superior to any other method of internal medication. Now, if there is added to this advantage the possibility of curing many acute and chronic cases which would otherwise remain uncured, the Hahnemannian system, though far from the ideal, is still the best the present age affords.

Though still far from the "ideal," what is that ideal? Some may say that we should aspire to cure every case of tuberculosis, cancer, malignant diphtheria, etc. In aspiring to this, one might reach still further into the depth of sequence, and assume the true ideal to be the prevention of such fatal forms of disease by means of internal prophylactic medication, together with dietetics.

Many a hard-working and ambitious physician recognizes this aim. The striving for it is right and good, but it is too far off; in viewing this aim at a distance, we overlook the nearer needs and possibilities. Such a necessity, not to say an ideal, and yet within the boundary of possibilities, would be a stage of progress in pathology, therapeutics and pharmacy, at which a given result (either positive or negative) of treatment could, with greater certainty than is now possible, be attributed to a curative method or its failure. As yet, such criteria are almost entirely wanting in general practice, or what is known as internal medicine, in contradistinction to surgery. The latter has great advantage in this respect, owing to its positive methods and their visible and tangible results on the one hand, and



the greater care with which cases are tabulated in statistical form, in order to determine which surgical procedure is the best. All such tables comprise all positive and negative results, that is, all cures as well as all failures.

Such tables are nearly unknown in general therapeutics of non-surgical cases. Let us glance at the way it *is* done, and then see if we can form an idea of the way in which it *ought* to be done, leaving out the general medicine, and applying the case to homœopathy alone. In the first place, the consciousness of pride and independence of some of us who have successfully withstood the ridicule of the older school, has gradually degenerated into a weakness of self-adulation which, if not intended, looks like boastful exaggeration. Thus one writer\* unhesitatingly mentions thousands and tens of thousands of cases, treated by certain physicians, all of which cases are supposed to illustrate the advantages of a certain manner of treatment. The physicians named were eminently respectable, the number of cases treated by them, collectively, was probably much larger, but the inference intended to be enforced by the argument is in the clouds and in the writer's imagination,—it is without force to any reader.

About thirty years ago, a distinguished homœopathist, at the session of the American Institute, reported, with specifications, that he had treated, in a given time, about seventy-five cases of diphtheria, without a death. *Lycopodium* was given when the right side, lachesis when the left side, of the throat was affected.

The result was, that, out of respect to the eminent physician who made the statement, little was said, but that little plainly announced that the report was not believed. The conclusion to be drawn, is that, if any one desires to prove anything by such figures, he must furnish carefully tabulated statements of all cases treated, omitting no details of each case, or else his statements will be regarded as wholly untrustworthy and as entirely beneath the notice of those who are accustomed to accuracy of detail in scientific matters. Such wholesale unsupported assertions have undermined the standing of homœopathy faster than a few conscientious workers could build it up again.

This forcibly calls to mind the habit physicians have of boasting about the number of "visits" they are in the habit of making,† in consequence of which an old-school journal remarks that such "stories

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\* HAHNEMANNIAN MONTHLY, April, 1888.

† See *N. E. Medical Gazette*, May, 1888.

are false, or the physicians (making such exaggerated statements) have been homœopaths." Hence, homœopaths, if they really desire to uphold a beneficent method of practice, should be careful to offer only such statistical evidence as can be relied on to prove the validity of a general assertion. If not, they will be held up as warning examples.

Another way of imparting practical knowledge, of illustrating the greatness of homœopathy and of its infallibility, is not by what might be called the ten-thousand system of reporting, but by one which is much more simple and effectual. It is what rather deserves the name of the single-case method. It is customary in the old school, and customary among ourselves, to see physicians who are enthusiastic over a single case, report the same. If the case is striking, and above all, if the story is well told, nothing further is needed to establish the writer's reputation as an invariably successful physician. No one doubts that the story was substantially as related, nor that the patient recovered, but no physician of experience will consider a single instance as evidence of the infallibility of a physician, or of the value of a certain drug, or dose of a drug, and still less of the value of an entire system of treatment—presumably, a foregone conclusion with the narrator, or else he would not have recorded his case in print.

Since the beginning of medical history, this field has not been cultivated, as we may hope that it will be in the future. What has been sketched on these pages, has been true for centuries; that is, with very few exceptions, physicians have always made known their successful cases, sometimes their negative results. A thousand of such cases have no more demonstrative force than a single case. Suppose physicians had only published cases of non-success, or cases of deaths, instead of recoveries, this would, by no means, prove that physicians are not always or never successful, nor does the publication of selected or even collected cases of favorable termination prove that medical treatment is always successful in curing cases of disease by selection and administration of medicines.

Many a scientific war, endless personal controversy and sectarian schism would have been avoided, or long ago terminated, had physicians looked into the future, and guarded against these evils by furnishing facts capable of being compared and classified. Centuries have been lost to us, and we have nothing in any "school" of medicine by which the merits or demerits of either case can be determined.

Isolated reports, or collected reports of cures by a medicine just coming into fashion, dated separately and with exclusion of a phy-



sician's whole practice, are of little use, if of any. Take as one example, cases of cures with iodide of arsenic, collected from all sorts of sources or from the practice of one physician, to the exclusion of cases where this medicine was given without effect. They furnish no evidence of the power of that drug, unless by a kind of generalizing deduction that the cases, in which it was administered, would not have recovered without the medicine, or that they recovered more rapidly with it. As those cases were not treated expectantly on the one hand, to be compared with medicinal treatment on the other, we have absolutely no standard to judge by.

To illustrate: Supposing a traveller were to describe every negro he saw in Baltimore, without mentioning white persons; this would, according to the method hitherto adopted by physicians, prove that there were only negroes, and no whites, in that city. But, as we are not justified in inferring the absence of whites, although not expressly stated, we would err from the same reason, if we inferred that there were no negative results or deaths in the practice of physicians using iodide of arsenic, "when indicated." The collection of cases of one disease cured with one remedy, or collections of cases of different affections treated by the same remedy; reports of isolated cases, no matter how marvellous or striking, and the simple summing up of results of tens of thousands of cases, is valueless, as compared with conclusions that could be drawn from perfect reports embodying every result without exception.

Without these provisions against error, fallacy and consequent delusions, all assertions of allopaths against homœopaths, all assertions of the use of one kind of potency against the other, indeed, all declarations concerning the progress of medicine are futile and delusive. All such one-sided records are not above the level and value of a well-told anecdote, and the danger is increasing every year that homœopathy will be injured by such narratives, with all their seductive plausibility. We have watched the result for twenty-five years in the American Institute, and have seen a secession brought about of unbelieving tellers of anecdotes, of unbelieving narrators of medical stories, from the incredulous body of the Institute.

But these are all trifles, as compared with the greater difficulties with which honest homœopathy has to contend. The chief one of them is that everything is taken for granted; that few, very few, have the time and patience to investigate the real nature of things, or if so, to stand by the result. To put a pointed question: What shall a professor of therapeutics teach? Shall he say that high potencies

are the best, or that dependence can be placed on low potencies only? Armed with traditional notions concerning the making and nature of potencies, shall he sit astride of the question, and give his hearers plausible rules for the use of either or any potency? Or, shall he, personally, reinvestigate the subject of triturations and dilutions? If so, he will discover that there is little room for doubt and ambiguity, and that the whole tradition of potencies resolves itself into the simple axiom, that there is a great difference between very little medicine, which will suffice, and no medicine at all.

He will find that many provings have been made with no medicinal substance, and that others have; but it will also become very apparent that these provings have been indiscriminately mixed and combined, as if the results were all firmly authenticated facts.

He will find that this indiscriminate mixture of facts and fancies have, for a century, been worked and reworked into text-books on *materia medica* and repertories, without critical examination; that repertories of what should be facts, have been used as a basis for new ones, thus multiplying errors.

This is heresy, some will say; it is directed against homœopathy; it is too old, and has been proved to be true by thousands and tens of thousands of cures, rendering all reinvestigations unnecessary and dangerous to our belief.—Indeed, it will endanger belief, but not knowledge.

The proving of drugs, the single remedy chosen according to the rule of similars, and the minimum dose is a formula which no physician, whether member of the Institute or the I. H. A., hesitates to adopt, because it embodies all the principles of a most excellent method of therapeutics, the best we have in our time. But principles are one thing; sound and unimpeachable as they are, their application to concrete cases is quite another thing, fraught with difficulties which are not overcome by the firmest faith, but made very apparent by a little patient research.

Thousands upon thousands of cases of cures have been reported, and serve as a basis for our confidence in the stability of the system. True. But now let us consider that these cases of cures are attributed to provings made with or without medicine; many with crude substances, many cases of poisoning, many with small doses, many more with high potencies. Which of these produced the symptoms recorded? The crude drug, the low attenuation, or the high potency? Are they all equally valid? By no means. The great and easily discernible diversity of results obtained, will readily demonstrate



that they are not and cannot be all drug effects, and yet they are all preserved as such, as true and unalterable.

Let any earnest student select what is generally considered as a comprehensive proving of a drug known to possess considerable energy, a so-called poison, a proving composed of the experiments with the crude drug as well as with high potencies, and it will invariably be found that the characteristic effects do not constitute a numerous or lengthy array of symptoms, but they are alike in most provers, and often repeated, only a few provers developing effects different from those of the others, while the records of the high-potency provers are all different; or, if resembling each other, it is only in peculiarities of temperament; if different, it is in minor differences of temperament peculiar to healthy people.

Experiments, in order to prove anything, should exhibit like results; our provings, too frequently, have their congruities mingled with their incongruities to such an extent that a casual observer, or one with faith resting on foregone conclusions, will not notice them, or, if noticing them, will not regard them as fatal to therapeutic accuracy.

Now, supposing this to be only partially true; still, if applied to therapeutics in general and in particular cases, none can fail to perceive that reliable results cannot be obtained in this way.

Recounting the sources of possible and probable error, there are: First, inaccuracies of provings resulting from perfectly unmedicinal preparations, such as the pellets moistened with a dilution of a practically insoluble metal, or of a soluble substance diluted beyond the limits of matter. This inaccuracy is increased by non-elimination of incongruous results of provings.

Secondly, therapeutic results are rendered unreliable by the impossibility of selecting the *similimum* from among the results of an imperfect proving made according to the method as yet in vogue. Therefore, everything depends on improved methods of pharmacy, without which accurate provings are as much out of the question as reliable therapeutic results, and these, however satisfactory they may be regarded, are finally not to be changed or improved by exaggerated and supposed refinement of dose, the whole peculiar history of which, after all, rests upon the very uncertainty of pharmaceutical and experimental results. Attempting to dilute an undilutable substance, thousands of endless spaces beyond what is usually spoken of as endless space, will never make something out of nothing.

Herein will be found quite a comprehensive description of the way

it is done ; the way it *ought* to be done, can now, very briefly, be found. It may seem to some who jump at conclusions too rashly, that this is an attempt to overthrow homœopathy. Not so. Homœopathy is quite safe ; it is to be found on a broad, straight road, so broad and straight, that many have got tired of it. Some have wandered to the one side into the tempting byways of hap-hazard dosing, using everything that comes along and happens to be thrown upon the market by enterprising pharmacists, or happens to be in fashion. Off they wander, deeper and deeper into the woods, intending when it suits them, to return to the broad, straight road, without ever finding it again.

Another party, also tired of the road which they can see, and becoming dissatisfied with the realities it presents, diverge to the other side into unknown and mysterious regions, and become so fascinated and entangled in mysticism, that they cannot see their way back, and are lost to this world of realities and square thinking.

The better way is to prepare medicines which are reliable, after having taken the slight trouble to find out what is unreliable. Then study existing provings, according to this standard ; that is, select from voluminous provings those which have been made with reliable preparations of drugs, excluding those which have not been made in this way. Then, having selected such provings, compare them again, with a view to the selection of that only which all or most provers have experienced in common, and exclude that in regard to which all or most provers differ. Each practitioner can easily compile, for his own use, a *materia medica* and repertory which, in value, exceeds anything he can purchase at present. The means are at hand now, where, a few years ago, a physician would have been obliged to ransack the libraries and lose precious time, he now has the means at hand in Allen's great work, and that of Hughes, each making use of the same original sources in a different way.

What is most to be desired, though mentioned last, is a more appropriate use of clinical results. Not, as the reader may anticipate, a clinical repertory compiled from published cases of cures, but something very different. The reflections cast upon the customary manner of publishing only cured cases, would have been an unmitigated injustice, were it not the purpose of this paper to propose something essentially better in the place of that antiquated custom. It is this : No system of medicine can ever hope for improvement, or can attain permanent stability or perfection, unless its votaries adopt and apply the rules of conscientious and careful statisticians.



In the first place, our hospitals should settle upon a uniform method of prescribing remedies, well prepared and selected according to reliable provings, and then to publish *carefully compiled statistical tables of results*. This is done to some extent, but is an unavailable form.

But more than this ought to be done. In the place of isolated striking cases, selected from favorably terminated cases, with the omission of uncured or doubtful cases,\* each practitioner would help our cause, or any cause greatly, by publishing carefully and conscientiously compiled statements and results of his work at stated times. It may be asking much, but not too much; each one's time is valuable, life is short, and for many it is hard. All cannot do it, but if ten out of each thousand would do it each year, then, and then only, could we prove whether we are progressing, standing still, or dropping out of the race.

The very extensive experiments of Wurmb and Kasper, continued by Dr. Martin Eidherr, and published in the *Oesterreichische Zeitschrift* for 1862, are not forgotten, but not applicable to present times. Those researches upon 107 cases of pneumonia were undertaken to test the relative value of potencies, and the verdict was rendered in favor of the high potencies. But as these high potencies were only the *fifteenth, the sixth and the third centesimal*, those experiments would have no bearing on what are called high potencies now, and for which miracles are claimed and proclaimed.

The method proposed, applies not only to potencies and dosage, for it goes without saying that it would be a severe but just test for any method of practice.

If it were possible to inaugurate such a system, it could be expected to bear fruit only if pursued in a uniform manner, the chief condition and feature of which should be that all cases, without exception, are to be tabulated with the object of demonstrating *principally by how much a case under (in this instance, homœopathic) treatment was shortened from what would have been its natural duration without any medicine*. Then, and then only, legitimate inferences could be drawn concerning the method of treatment employed.

This, and this only, is what the physician wants to know, and this he can never know, if only selected cures are published, and if uncured cases are omitted. Nor can it be fully known by means of recording only cases treated by medicine. By this means, it can, at most, be

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\* See also *Transactions of International Homœopathic Congress* of 1882.

determined which method of medication is better than another, but the superiority of medication over "expectant" methods cannot be discovered in that way.

As one of the burning questions among homœopaths is as to which medicinal preparation and dosage is superior to another, the above plan of statistical tabulation is the only one to be made use of. If employed in this way, it will do away with useless strife and assertions of superiority, founded only on belief in general or overweening confidence in personal ability.

A number of years ago, the writer of this paper began to tabulate his year's work in the manner suggested above, arranging all cases under ten heads in as many columns, comprising diagnosis, sex, age, date of beginning of disease, date of beginning of treatment, date of end of treatment, result, principal remedy, symptoms, etc. This method was continued for three years, and the results reported at society meetings. Thus far, the example was not followed, and hence the work done was of no use to any one except the author who, however, should not have felt discouraged. Hoping that his suggestions may bear some fruit, he offers them to earnest workers, with whom he would be happy to co-operate.

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## THE ACTION OF SERPENT POISONS UPON THE BLOOD AND UPON THE NERVOUS SYSTEM.

BY JOHN C. MORGAN, M.D., PHILADELPHIA.

(Continued from June number, page 355.)

THESE two proteids, in snake venom, exhibit certain distinct qualities. Thus the globulins are broken up immediately, by boiling; the peptones, only after *prolonged* boiling. The globulins, are venomous; acting *locally* with maximum effect—upon the vessels and other tissues, and upon the blood. The peptones seem to excel in *general* poisoning. The globulins tend to ecchymotic putrefaction; the peptones, to œdematous infiltration, with putrefactive change also.

Comparing some of the principal serpents, the crotalus and mocasin combine an abundance of both the globulins and the peptones; the cobra shows a predominance of peptones, with a minus of globulins. How far this may depend upon the effects of transportation and of climatic change, is a fair subject of inquiry.

In consequence of the general poisoning, all the vital functions soon suffer; but this topic is so extensive that I must refer to Mitchell



and Reichert's work for much of interesting detail. We find, however, in Dr. Mitchell's experiments, notably in the pigeon previously referred to, certain important generalities. Thus, a rapidly falling temperature was a marked feature. The failure of other vital functions is a necessary corollary of this fact, besides direct narcotic interference therewith; yet such a fall is itself, often, a narcotic phenomenon, resembling that seen in poisoning with depression by aconite, woorara, opium, etc. The ciliary motion, as observed in the tunic of an oyster, was unimpaired by the venom, but that of spermatozoa was soon arrested. The principal localization of the narcotism proper is in the centres of the spinal cord and medulla oblongata. This he proved by opening the spinal canal of the bitten animals, rabbits and frogs, and passing a probe into it, without any spasmodic or other response; as well as by severing the cord itself; showing the completely paralytic condition of the nerve-centres themselves; but the motor activity of the nerves, *per se*, remained intact.

The *sensory nerves*—became unimpressible; but this seemed to be the result, in great part, of the uselessness of the spinal cord as a medium of their vital expression.

The freedom of the motor peripheral nerves from direct damage, he demonstrated in several ways. Thus, a frog was prepared as for Galvani's celebrated experiment—by isolating the sciatic nerve, and exposing its distal cut surface to the action of electricity. It instantly responded, and caused muscular contraction in the frog's leg. Thus, too, the muscular tissue was shown to be very much alive, so far as mere general poisoning might be concerned; although a direct local contact was degenerative in its effect, to muscular tissue. To the nervous trunks, however, it was not so, nor were they paralyzed.

The experiments proving this were as follows:

1. The frog's leg, galvanically prepared, continued to react excellently thirty-two minutes after having been treated, at the cut extremity of the nerve, with a drop of rattlesnake venom, which ran along and into its substance for about one inch. The muscular tissue in the vicinity, however, showed signs of degeneration.

2. A longitudinal slit was made in the isolated sciatic nerve, and the venom in thin solution applied by means of a wax gutter placed beneath it, and by frequently moistening the nerve with a camel's hair pencil. After twenty-four hours the nerve remained active; but the neighboring muscles were softened.

Indirectly, all kinds of vital function were impaired through de-

pravation of the blood, without whose aid we know no organ or tissue can long maintain itself.

The blood-changes observed by Dr. Mitchell were most instructive. Contrary to the prevalent notion, acute poisoning was not attended by fluidity of the blood, which, in the case of the pigeon, coagulated speedily enough, yet the clot was not firm. Blood quickly mixed with the venom coagulated within three minutes; and, still more surprising, when venous blood was used, it became arterial in color. A slower poisoning, however, changes this. The longer death is delayed the more incoagulable becomes the blood, and the experimental clots above mentioned become within twenty-four hours softened, darkened, and partly dissolved. After death, at this period, the blood is found dark colored everywhere, least so in the left ventricle; and increasingly fluid as death lingers. If a rally occurs all this is rapidly and effectually reversed, apparently in connection with the renewal of the blood-constitution.

The damaged blood, examined by the microscope, may show some little indentation of the outline of the red globules, but not even this in the acute period, only in advanced poisoning. The same is true of blood mixed directly with the venom. It has been thought, probably without due judgment, that the red globules are less prone to form rouleaux than in health.

The crystalline tetrahedrons of non-poisoned blood are still found in the poisoned.

The blood plasma, however, is "profoundly altered," as time elapses. In the case of one dog, which accidentally fell into a box containing a number of rattlesnakes, and was bitten by a dozen of them, death ensued in eighteen minutes. So intense a poisoning might be expected to modify former conclusions, and thus it was, for already, at death, the blood was quite fluid and incoagulable.

Another dog, surviving a bite, had fluid blood after twenty-seven hours and until the fourth day, when it again became coagulable, doubtless by means of newly-formed fibrine. Dr. Mitchell holds that it is the fibrine which is directly impaired, and that it is by means of *putrefaction*.

Similar putrefactive changes occur in other tissues—whence occur capillary ruptures—ecchymoses, largely visceral; and a *warm atmosphere* increases the tendency—aside from any question of nervous collapse, through reduction of the *animal* heat.

Both the blood degeneration and the paralysis of the nerve-centres combine to subvert the power of the heart, and diminish blood pres-



sure. A profound fall characterizes the globulins; a fall, less pronounced and followed by a rise, the peptones.

Serpent venom shows some effect upon plants. Salisbury states that they die, through wilting of the leaves, beginning at their tips and edges. Mitchell and Reichert observed only an arrest of germination in the seeds.

Summary of poisoning in animals:

1. Soon after the bite the heart's action and the blood-pressure become *feeble* (possibly, in part, due to direct impression upon this organ, *per se*); abolished, *after* the arrest of respiration.

2. In warm-blooded animals, respiration ceases through paralysis of the respiratory nerve-centres.

3. Within the nervous sphere, the centres die first; the motor nerves, last.

4. In cold-blooded animals, the muscles, after death, remain irritable.

5. Frequent, small injections develop the greatest resemblance to yellow fever.

6. As to antidotes we should first remember the failure of heart action, of respiration, and of body-heat, and act accordingly. Pure warm air, *rest*, quiet, and artificial respiration should not be forgotten at the same time. *Alcohol*, notwithstanding all theory, has much empirical testimony in its favor. Doses of  $\frac{3}{4}$  of whiskey are prescribed by Fayrer every 15 minutes. Dr. Mitchell, in extreme cases, where this cannot be availed of as usual, would administer it by inhalation; or, in a cautious way, ether. Alcohol, as in the case of a semi-drunkard, is probably prophylactic; but the supply must be *kept up* until the danger has passed, not intermitted. It is probably as a "diffusible stimulant," that it is efficacious. Prof. Fayrer thinks well of ammonia, in 15-drop doses, every 15 minutes, in water.

*Olive oil*, according to Dr. Trowbridge, is antidotal by anointing and by swallowing. (See *Buffalo Med. Journ. and Review*, IV., 203, 1848.)

In American domestic practice, several kinds of "snake root" are reputed antidotes; *e.g.*, *senega*, *serpentaria*, *cimicifuga*. Dr. Higgins (Ophidians, *loc. cit.*) asserts that the gall of each serpent is the proper antidote to its venom.

*Cedron*, according to Teste, is a potent antidote, internally used.

On the authority of Dr. Hering, radiant heat, as from a live coal, is antidotal; (?) acting by coagulating the albuminous venom. Her-

ing, it is said, saved his own life by this method, after a rattlesnake bite.

*Ammonia water*, by subcutaneous injection, is esteemed by Prof. Fayrer, and intravenous injection has been proposed, but in his latest essay he does not mention it. Externally, he uses it over the heart, or replaces it with mustard. Ammonia thus applied, will probably vesicate.

*Iodine*, according to Dr. J. Whitmire, is a reliable antidote. (See *Northwestern Medical and Surgical Journal*; Chicago and Indianapolis; I., new series; whole number V.; 396). He paints the wound frequently with tincture of iodine.

Recently, an article has appeared in an unremembered homœopathic journal recommending iodine, in tincture, internally, in repeated doses of a few drops in water, as a reliable antidote to snake bites. Like alcohol, it is certainly an *antizymotic*, but neither is destructive to the active principle of snake venom itself, as thus employed.

Tincture of iodine, permanganate of potash, and ferric chloride, in "liquor" or tincture, as chemicals, are declared by M. and R. to be "the most active and promising of the *generally available* local antidotes." They also declare that in any such sense, we cannot hope for an *internal* antidote, inasmuch as the close similarity between the proteids or albuminoids of the venom and of the blood itself, must make certain an equal damage to both. Therefore, any true internal antidote must needs be a homœopathic one; in other words, a "physiological antagonist," so-called. In this connection, it is well to remember that "cobra venom does not produce the marked (local) lesions of crotalus poisoning, because it is so lacking in globulins;" the abundance of these accounting, in the rattlesnake poisoning, for the "frightful localization;" and it is to this, that local, chemical antidotes are best suited.

*Chloral*, which was given experimentally by M. and R. as an anæsthetic—in saturated solution—hypodermically—one drop to a mouse, two to a white rat, and three to a kitten or rabbit—was found to retard, and even to completely prevent hemorrhage from the local application of the venom to the tissues. Ether had no effect of this kind. Chloral may, then, prove a remedy for the hemorrhagic symptoms affecting the various organs.

Treatment by suction has been advised, but is condemned by Fayrer as valueless, and also dangerous to the operator in case of any abrasions in the mouth. An old book ("A Treatise of Poysons, by



William Ramesey, Iatros; London: 1661)," tells of a boy who was bitten on the finger, sucked the wound, and speedily died, that he might have recovered, if he had not put his finger into his mouth;" whence we learn that this method was in the olden time regarded as unwise—and that, once more, the old becomes the modern view. The venom when swallowed during active digestion, is indeed destroyed, or at least "altered and rendered harmless;" but even without abrasions of the mucous membrane, the venom peptones are probably as easily absorbed as any other kind of peptone, and may kill, mainly through *general* poisoning. The homœopathic technique, in provings, is thus still further justified.

Subacute general poisonings show a great variety of symptoms, often abruptly and unexpectedly, and not purely narcotic; and these are thought to be evidences of tiny local hæmorrhages—as, in the brain, the kidney, the heart-tissues; hence, these should always be suspected; and the cure of visceral hemorrhages, may be effected by homœopathic doses, also.

Besides these symptoms in general poisoning, is the recognized affection of the respiratory nerve-centres; and added to these, doubtless, is the increased loss of respiratory function through degeneration of the red globules, the oxygen carriers of the blood; since very recent observations have shown that they do suffer, gradually becoming dark and spherical, and soon after diffuent, fused together, and even transformed into "a soft, elastic, colloid material." Such changes, aside from those of the vessel-walls, must always promote their escape in the form of hemorrhages.

Respiration is still further affected by the peripheral irritation at the injured parts inhibiting it. The order of succession of these effects is a primary plus, followed by a secondary minus.

In general poisoning, the heart's action also shows complex results, viz.: acceleration by centric nerve-irritation: then, depression, which is, however, partly ascribable to local poisoning of its own tissues. Arterial blood-pressure varies; the depression of the heart and of the vaso-motor nerves alternately react with the peripheral irritation. The latter tends to constriction, blocking of the capillaries, and increased arterial pressure, but the antecedent fall of the pressure is probably the joint effect of cardiac and vaso-motor depression; after this, the secondary rise occurs, by obstruction of the capillaries; and finally, the pressure falls again, through failure of the heart.

*Locally*, serpent venom causes "more rapid necrotic changes than any other known organic substance, viz.: œdema, swelling, infiltra-

tion of incoagulable blood, with darkening and disintegration of the tissues, putrefaction and sloughing." In its action upon the capillary system, in warm-blooded animals—the cold-blooded, as frogs, resisting somewhat—the red corpuscles, indeed, the blood *en masse*, is observed to escape through their coats, in spots; differing in this, from typical and true inflammation, inasmuch as the migration of individual white corpuscles, with lymph-coagulation, is characteristic of the latter. The venom hemorrhages are greatest where the vessel-walls are thin, and in the vicinity of the larger vessels and with the greater blood pressure, and in warm air; but free access of air diminishes them, as does ligation of the arteries.

Death occurs most commonly through paralysis of the respiratory centres—as Watson would say, it is usually "death beginning at the lungs"—but it is of centric origin. Secondly, from paralysis of the heart. Thirdly, through hemorrhages into the medulla oblongata. Fourthly, through alterations of the red blood globules. Respiration and circulation are most conspicuously concerned, but these sometimes seem to work in antagonism, producing anomalous and contradictory symptoms. This is thought, by M. and R., to be due to the diverse double action of the contained principles, the peptones and the globulins.

Dr. J. W. Hayward's work remains to be referred to, but I have failed to find a copy of it. He has particularly studied the cobra.

The one work which addresses itself most forcibly to the *practitioner*, and gives the best and most scientific rules of treatment, beyond doubt, is the duodecimo bearing the name of Dr. A. J. Wall. He repudiates much that has passed for proper and even radical measures, particularly all that are limited to operations upon the integument, but including amputation itself, unless the soft parts are all gone, in pursuance of the primary procedure prescribed. He emphatically states that the poison is never deposited in the skin, but always in the areolar tissue beneath it and even deeper, where it rapidly induces local inflammation, with discoloration, which can be discovered only by removing a portion of the skin. A lens is sometimes necessary for the positive location of the fang-mark. Here a straight incision is to be made, one and a half inches long, including or near the puncture, at its middle. Then a circle of skin of this diameter is excised, beginning at the extremity of the first incision. This reveals the subcutaneous inflammation, or at least, a focus of serous oozing. All this tissue—as whatever, indeed, contains any portion of the poison, must be quickly and perfectly removed; if



on the hand or foot, particularly if on the dorsum, down to the bone itself, regardless of everything but the saving of life. If a vein have been penetrated, death will be inevitable, through the immediate entrance of the venom into the circulation. *Preliminary ligations* of the limb must, however, if possible, be instantaneous; and this, by an elastic rubber band, like Esmarch's bandage, which should always be ready where serpent bites are to be expected. All substitutes for this method will prove useless, yet should be tried, if the elastic band be wanting. Lastly, wash well with solution of *permananganate of potash*. Then, only, remove the Esmarch's bandage.

Dr. Wall gives a record of several cases thus treated successfully; one a young man, bitten on the finger by a cobra. He suffered only slight symptoms, and of very brief duration.

A dog was submitted to a cobra's bite, and was struck upon the leg. The Esmarch bandage was applied in about two minutes, and then thorough subcutaneous excision. The result was the same.

Dr. Wall, varying the application of various chemical agents to venom, found that whilst *diluted* alcohol can dissolve it, it is quite insoluble in absolute alcohol; that a five per cent. solution of *nitrate of silver* in great excess, allowed to act a *long time*, not only coagulates it but destroys its properties; and the same is true as to *tannin*.

He also determined that whereas a boiling heat lessens the activity of the cobra poison in its entirety, the daboia venom, after the same treatment, has lost none of its paralyzing power, but is no longer able to produce convulsions.

An interesting series of papers on Snake Poisons, by H. C. Yarrow, M.D., Curator Department of Reptiles, U. S. National Museum, has just been initiated in "Forest and Stream," with the number of May 10th, 1888. It gains peculiar interest from the author's warm recommendation of *jaborandi* as an antidote.

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#### FALLACIES IN URINARY ANALYSIS, ILLUSTRATED BY CASES FROM PRACTICE.

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

(Read before Indiana State Homœopathic Medical Society.)

I. IT is a fallacy to rely on the specific gravity of urine as an *absolute* guide in seeking information as to the quantity of solids. The specific gravity of urine is purely *relative* and depends on the ratio of solids to fluid in the urine. Normal urine is in specific gravity from 1015 to 1025, but all urine of this range of gravity is

not normal nor does it necessarily contain a normal amount of solids or of urea. Moreover, urine of specific gravity not within the limits of 1015 to 1025 may contain a normal quantity of solids.

The explanation is to be sought for in the *quantity of urine* voided in twenty-four hours. If about three pints, the gravity will range from 1015 to 1025. Suppose now that, the solids remaining the same, the fluid is increased to *five* pints; it is readily seen that the specific gravity will be lowered. Conversely, suppose the solids to remain the same and the quantity of fluid to decrease to *one* pint; it is plain that the specific gravity will be raised. Several specimens which have come under my observation will serve as illustrations, and show the necessity of knowledge of the total quantity in twenty-four hours.

CASE I.—Specific gravity, 1010. Urine is slightly albuminous and in color pale. Would suggest cirrhosis of kidney. But there are no casts whatever, and no symptoms of kidney disease. The total quantity of twenty-four hours' urine threw new light on this case. It was seven pints or about 3200 c.c., containing 64 grammes of solids and 25 grammes of urea. The patient being a female of light weight, the solids and urea were not *below* normal in quantity, and from the history of the case a diagnosis of *diabetes insipidus* was given in spite of the albumin present.

CASE II.—Specific gravity, 1033. One would suppose an increased quantity of solids present, but the twenty-four hours' urine was only 17 fluid ounces, and showed but 33 grammes of total solids, the normal range being 55 to 75 in an adult man.

CASE III.—Specific gravity, 1022. Urine contained pus. The case was apparently one of cystitis, but the twenty-four hours' urine was in quantity but 20 *fluid ounces*, the solids 26 *grammes* and the urea but 10 *grammes*, so that, although no casts, etc., could be found owing to the quantity of pus, I felt warranted in giving a guarded prognosis and in predicting uræmic convulsions.

II. It follows as a corollary from fallacy I, that it is a fallacy to rely on *percentages*, as for example, of urea. The normal percentage of urea is stated to be  $2\frac{1}{2}$  to 3. This, like the range of specific gravity, is based on a twenty-four hours' quantity of about three pints. A low percentage of urea may be found when the twenty-four hours' *total quantity* of urea is normal, and a high percentage when the total quantity of urea is actually below normal, the whole depending on the quantity of urine voided in twenty-four hours.

CASE I.—Same as Case I, in fallacy I. Percentage of urea,  $\frac{3}{4}$  of



one per cent. only. But total quantity of urea 25 grammes and not below normal, seven pints of urine being voided.

CASE II.—Urea  $3\frac{1}{2}$  per cent., that is, *full normal percentage* or above it, if 3 per cent. be taken as limit. Total quantity of urea, however, but 17 grammes or considerably *below normal*.

It follows that, in estimating urea, the total quantity of the twenty-four hours' urine should be known and the *total quantity of urea* estimated. It is advisable to obtain the weight of the patient and make a calculation as to how many grammes of urea he ought to void in twenty-four hours. For those not over 160 pounds in weight about 0.25 gramme of urea to the pound may be reckoned as normal. For example, a man weighing 150 pounds would normally void, on an average, 150 times 0.25 gramme of urea or  $37\frac{1}{2}$  grammes. Any such figures as 20, 15, or 10 grammes of urea in such a patient's urine, especially if the latter is albuminous, should direct our attention to the presence of kidney disease, even if casts cannot be found in any abundance.

The following case of cirrhosis of the kidney will illustrate the decrease of urea in this affection :

Normal amount of urea proportionate to patient's weight, 35 grammes.

Amount found at first estimation, 21 grammes.

"	"	" second	"	20	"
"	"	" third	"	19	"
"	"	" fourth	"	18	"

III. It is a fallacy to suppose, that, because tube-casts are not found in the urine, no renal lesion exists; and, conversely, it is a fallacy to suppose, that, because tube-casts are found in the urine incurable organic disease of the kidney necessarily exists.

Tube-casts are seldom found in alkaline urine, no matter what renal lesion is present. In such cases I rely on the history of the case in connection with the amount of albumin and the total quantity of solids and urine for twenty-four hours. It is not always possible in such cases to arrive at the total quantity of urea owing to part of it being converted into ammonium carbonate already in the alkaline urine by the time the twenty-four hours are up. Care should be taken to make the estimations as soon after the urine is voided as possible.

CASE I.—Urine alkaline and full of pus. Quantity in twenty-four hours barely 20 fluid ounces, total solids 26 grammes only, albumin heavy. Old urinary case, beginning with cystitis. I decided

it to be now a renal case though no tube-casts whatever could be found. Death from pyelo-nephritis likely. It is known that in these cases the cystitis often goes on to pyelo-cystitis, cysto-pyelitis, and finally to pyelo-nephritis, when death from uræmia closes the scene.

CASE II.—This did not come under my own observation, but is one where Dr. E. S. Wood made the analysis: the case was one of acute rheumatism where salicylic acid and salicylates had been given in abundance; urine was albuminous and contained hyaline and finely granular casts with blood and renal epithelium in the sediment. Casts and albumin entirely disappeared and the urine always contained not less than normal solids and urea and no chronic disease of kidney developed.

CASE III.—This one came under my own observation and was followed with estimations up to the death of the patient from uræmia. Urine when first examined contained so much blood that few or no casts could be found. But the twenty-four hours' quantity was less than normal, the solids below normal, the urea below normal, and albumin fairly abundant, and I reasoned, therefore, although there were few symptoms of kidney trouble, that such nevertheless existed and full proof was afforded by subsequent developments. The urea fell to five grammes in twenty-four hours just before death.

In looking for tube-casts, especially hyaline ones, it is advisable to stain the sediment with carmine in order to avoid mistaking mucous casts found in abundance in albuminous urine from the genuine hyaline article. Hyaline casts are stained, at least faintly, by carmine, often brightly, but mucous casts not at all. After passing the sediment through a series of V-shaped collectors, I finally add two drops of carmine solution and let settle again in a tube provided with a glass stopcock before examination with the microscope.

IV. It is a fallacy to think that *turbid* urine is free from albumin because the ordinary tests do not discover any. This fallacy is seldom indulged in by those having experience with urine-testing and, perhaps, is hardly worth mentioning; but one case has come under my observation where albumin was easily found when properly looked for, but not found at all unless certain precautions were taken. It was a case in which the urine was slightly alkaline and generally turbid with but little sediment. On filtering it became noticeably clearer, but not clear enough to show a haze of coagulated albumin. It was then boiled with one-fourth its volume of liquor potassæ, filtered, cautiously neutralized with acetic acid, until litmus showed a faint red, then tested in the ordinary way for albumin. A clear,



distinct and sharply defined zone was obtained with the cold nitric acid, verified by heat. Albumin was present and in quantity more than a mere trace.

V. It is a fallacy to suppose, that, because the urine is normal, nothing is the matter at all with the urinary tract. Post-mortems often show hydro-nephrosis (especially in women who have had uterine troubles) when during life no sign of the disorder was noticed. Renal calculus may not betray itself in the urine; the latter *at times* may be perfectly clear and normal but at other times purulent.

I have seen one case where a mulberry calculus was passed, the only indication before the colic being octahedral calcium oxalate crystals (not dumb-bells which are well-known to be microscopic calculi). In cases where there is persistent and unaccountable pain in the lower extremities, as in the foot or heel, a renal calculus may be suspected and the pain accounted for as being *reflected renal pain*. The pain of renal calculus is sometimes felt in the bladder, and, no cystitis existing, the physician may be puzzled to account for it.

VI. It is a fallacy to suppose that urine contains sugar because boiled with Fehling's test liquid it yields a precipitate. Fehling's liquid should always be boiled before being used as a test for sugar, for often merely boiling it will make it turbid and reduce it; in such cases a new sample should be made up.

In cases of importance, I rely on the fermentation test, not as usually performed, but where *three* tubes are used for purposes of comparison. One tube to contain the suspected urine and yeast, another water and yeast, and a third solution of glucose and yeast. If gas is evolved in the *first* and *third* tube, but not in the second barring a mere bubble, the suspected urine contains sugar. A mere trace of sugar is, however, of doubtful clinical significance.

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#### ANÆSTHETICS IN LABOR.

BY S. L. EATON, A.M., M.D., EAST ORANGE, N. J.

(Read before the New Jersey State Homœopathic Medical Society.)

THIS is not to be a treatise on the subject of anæsthetics in labor, but merely the relation of two bits of experience, with some brief deductions therefrom. Cicero, in his famous work, *De Officiis*, discusses our relation to the various phases of life from two standpoints, which may best be represented by the adjectives which he constantly employs in dealing with contrasted motives—*utile* and *honestum*.

This antithesis he applies to all sorts of human exigencies, but I

am not aware that he brings it to bear on the use of anæsthetics. Yet I think that the accoucheur, in deciding whether to use chloroform in a given case, may be influenced by mixed motives. A moderate use of the anæsthetic may make labor easier for the patient, without adding to the danger; while, on the other hand, a case, uncomplicated by this agent, may be easier for the doctor, and more interesting to him from a scientific standpoint. You will at once say, in response to this, that the welfare of the patient is the only thing to be considered; that the comfort of the attendants is of no consequence. Very true; but, since doctors are human, they are sometimes swayed by unworthy considerations. A normal case of labor, progressing steadily towards its termination, is something we hate to interfere with, and the administration of chloroform may, for a time, dissipate the pains, and render the patient unmanageable.

When the use of the anæsthetic is not contra-indicated by the diathesis of the patient, I usually administer it; giving, not enough to produce unconsciousness, but to take off the edge of the pains. The patient frequently declares that she is not getting enough to do her any good; but, as the pains increase in severity, she welcomes it more and more eagerly, and, at the conclusion of the labor, frequently declares that she does not know what she would have done without it. My reasons for giving it are two-fold: First, to lessen the exhaustion following labor; second, to decrease by so much the sum of human suffering. I have never seen a case where its use seemed to me to increase the hemorrhage, although I have avoided using it where there was a known hemorrhagic tendency.

The only case in which I have regretted its use, occurred last fall.

The patient was strong and healthy, the mother of two children. Labor was normal, and not specially tedious.

Desiring to ameliorate the suffering, which, however, was not excessively severe, I administered chloroform in moderate quantity. The effect was anything but happy. The patient became far less tolerant of the pain, declaring that the chloroform hurt her head, and made her feel as if she were going crazy. The chloroform did not retard the labor; but the patient has always declared that her sufferings were greater in consequence of its use, and that, on no account, would she resort to it again.

The second case, to which I wish to call your attention, was, also, a strong, healthy woman, but a primipara twenty years old. Labor was rather slow and tedious, and the patient was very restless and impatient. By the time she had reached the second stage she gave up all



exertion, and showed remarkable ability to hold back the pains. So we dragged along for two hours more, the patient filling the air with her lamentations, but doing nothing to help herself, and making very little progress. I have seen similar cases greatly helped by the use of chloroform, which would seem to stimulate the flagging energies, and give the patient courage to do her part. In this case the objections of the family deterred me from using the anæsthetic. The attendants were getting thoroughly impatient, when I said to myself: "She is very restless; she is inclined to be chilly; she continually asks for water, taking only a sip at a time. I will give her a dose of arsenic." I gave her the arsenic; when, *presto!* everything changed. She bent her energies to the work with a will—no more tossing about, no more complaints, no more thirst; twenty minutes of hard work finished the business.

Now, here was a case where the indications for the remedy were too clear to be mistaken, and it acted as pleasantly as chloroform under the most favorable circumstances. In the former case chloroform did not act well; but might not the need of it have been dispensed with by a well-chosen remedy? I believe that most of us make too little use of medicine in labor, and that a more thorough mastery of our *materia medica* might enable us to alleviate, by its aid, the sufferings of parturition as effectually as with chloroform, without any of the drawbacks pertaining to that agent.

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#### MEDDLESOME MIDWIFERY VS. THE SCIENCE AND ART OF OBSTETRICS.

BY CLARENCE M. CONANT, M.D., ORANGE, N. J.

(Read before New Jersey State Homœopathic Medical Society, May 1st, 1888, at Newark, N. J.)

VERY much has been said and written, especially (it might almost be said exclusively) among homœopaths, about "meddlesome midwifery;" and I cannot escape the conviction that the cry thus raised has done quite as much mischief in bringing the *art* of midwifery into (not altogether) "innocuous desuetude" on the part of young and timid practitioners, as it has done good in restraining bolder spirits from "pernicious activity."

No doubt an ideally normal case, characterized by efficient uterine contractions, rhythmically recurring, well endured and employed by the woman, whose genitalia sufficiently moistened are dilating more or less rapidly before a cephalic presentation, is a moderately common experience in obstetric practice. Interference with such a case in any wise, even to the exhibition of an anæsthetic, is clearly meddle-

some midwifery. But suppose the symmetry, perspective, and coloring of this picture be marred, disturbed, or blurred in any part, and that a drug be homœopathically indicated? Is the exhibition of such a remedy "meddlesome midwifery?" I trow not.

My colleague, Dr. S. L. Eaton, whose suggestive little paper I have just presented to you, takes the position that too often an anæsthetic (or some operative procedure he might have added) takes the place of the indicated drug in obstetric practice. I am inclined to believe candid confession and searching retrospection of our cases would go very far to establish that position.

Unlike Dr. Eaton, however, I believe that the use of chloroform in labor should be the rule and *not* the exception. Very few women pass that ordeal without excessive bodily agony, more or less prolonged. And still fewer to whom chloroform is given suffer any ill-effects from it. And when the cry is raised, "Don't use chloroform in labor unless in operative cases, it's meddlesome midwifery," I calmly answer: "Its use will partially (in some cases wholly) obliterate the most bitter agony I am called upon to witness, and science (as well as humanity) demands that I use it." I confess to seeing cases rarely, where the woman seems so calmly tolerant of her pains, and the whole course of the labor is so rapid, satisfactory, and comparatively easy, that the anæsthetic is withheld. But these cases are extremely rare. It is always withheld, however, where either patient or relatives make strenuous objection, and the case is in any wise doing well. And I might say I have frequently used the forceps without it, especially Hale's small forceps.

I claim, then, that the exhibition of a homœopathically indicated drug in any stage of labor is science, not meddlesome midwifery. And the same I claim to be true of chloroform. It *is* true that its use will often prolong the labor, and so annoy the attendant; but for neither delay nor annoyance does the patient care, for she is too stupid to know.

As to the matter of the vaginal examination. Be not over-squeamish to make all that is necessary. Too much forbearance and modesty is criminal. To know every minute from the time you reach your patient until her child is born the exact relations and conditions of all the parts is not meddlesome midwifery; it is simply common sense; precaution and science demand it. It is not meddlesome midwifery, but rather the acme of obstetric art to facilitate and expedite even a normal labor by any means not injurious to either mother or child. And no attendant can be in a position to do



this unless he knows *exactly* the state of his case. For example, if the os uteri be rigid or spasmodically contracted, or even very tediously dilating, or preternaturally dry and hot (and the existence of these abnormalities can only be known by repeated and painstaking vaginal touch), the homœopathically indicated drug will remove these obstructions and materially shorten the labor, and hence curtail the sum of suffering. Again, the membranes may be exceedingly tough, and the uterine pressure as applied incompetent or tardy to rupture them. Every pain a woman in your charge suffers after cervical expansion is complete and the membranes remain unbroken is deficient in expulsive result, like the sea beating against a wall—useless misery which you may turn into expulsive agency, and for whose continuance as *mere* pain you are responsible.

Again, the short or perineum forceps are often despised as the agents of meddlesome midwifery. No doubt you all recall how Dr. E. M. Hale (than whom few who practice homœopathically have done more to grace obstetrics) was led to invent the valuable short forceps bearing his name. He found many cases (as we all do) where the head of the unborn child would distend the perineum, and being almost born would slip back over and over again, to the mingled discouragement and exasperation of both doctor and patient. Some may say, well give puls., or cauloph., or actea, or ergot. Well, give any or all, and in very many cases it does no good whatever. But suppose the drug *does* effect expulsion, is it science to place the entire organism under the dynamic or physiological effect of a drug to produce a purely mechanical effect required but for a moment and which may just as easily and safely, and far more surely and efficiently, be produced by a mechanical means which leaves no trace of its use upon either mother or child? I trow not. Again, I claim it is more meddlesome midwifery to poison your patient with a crude drug, or make a proving upon her with your high dilution, than it is to use your short forceps, which with one or two pains brings a long-sought relief. Then there is the bugbear of placental expulsion. Many of us were taught to sit down and wait, giving the indicated remedy (usually pulsatilla) until uterine contraction expelled the placenta. I once asked an exclusive high-potency man, thus calmly waiting for pulsatilla *cm.* (or the *vis medicatrix naturæ*) to expel a placenta, how long he should wait in such a case? With sublime faith he quickly said, "Forever!" It may be uncharitable, but I can't help asking myself, "Is he not waiting '*forever*'" for some cases which, like the letter, never come. We all know the anxiety

in most women's minds that it should *all* be over, and how grateful and content they are when assured that "the after-birth has come." The risks of the mental perturbation caused by delay in expelling the placenta, I think, have never been given sufficient consideration. And when we reflect upon the added possibilities of danger from the long retention within its grasp of a body now foreign to the uterus, and also that the placenta is more easily expelled from the uterus and passed through the os immediately following labor than from the very nature of things it can be at any subsequent period, the argument for *early*, I may say *immediate*, placental delivery is complete. I have it only to add, I have not seen a case of post-partum hemorrhage since I have practiced the combined method of slight, very slight, guiding traction upon the funis, and firm *vis à fronte* applied over the fundus uteri for expulsion of the placenta. And this I do so soon as the child is removed from its maternal attachment, the patient being turned upon the left side.

Again, I claim activity properly directed here is not meddling midwifery, but rather obstetric art. Finally, let there be no doubt in your mind as to whether or not the essential integrity of the perineum remains intact. And if the sense of touch does not guide to *certain* conclusions, the sense of sight should give the required information. As a last hint, our duty as accoucheurs is not complete until, in all cases of tardy or incomplete recovery, the cervix be inspected, and, if necessary, its normal contour restored by operation. I am aware this matter is usually relegated to the gynecologist, but not infrequently it comes on him too late in life (the patient's life) to be of any credit to her previous obstetric attendant, and we should save ourselves the annoyance and another the satisfaction of patching our work.

No motto is more appropriate to the obstetrician than the famous remark of Lord Bacon, "Know something about everything, and everything about something," and knowing, "let us then be up and doing."

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## ALCOHOL AND TOBACCO AMBLYOPIA.

BY HORACE F. IVINS, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE case here recorded seems to me to be such a marked example of its class, that I trust you will excuse me for presuming to present it for a hearing. It is by no means unique, but the results obtained



are sufficient, I think, to make a recital of the history not unworthy of your consideration.

On the 28th day of July, 1885, Mr. ——— consulted me, at the suggestion of his optician. He was about fifty-five years old. His history was as follows :

For many years he had been a "heavy drinker and smoker." He had suffered from delirium tremens, and for this condition, as well as with the hope of eradicating the alcoholic taste, he was placed in an asylum nearly seven months before his first visit to me. About the same time he noticed that his vision was failing rapidly. This defect continued to grow worse until he could scarcely see to read at all, and glasses were of no use to him. His distant vision was likewise affected. He had no pain in either the eyes or head. His smoking had been greatly reduced, so that, instead of nearly twenty cigars daily, he was using but three, and he had not tasted alcoholic beverages for some weeks. His physical condition was fairly good, and his mental faculties seemed clear, although his answers were rather too deliberate.

An examination of his eyes elicited a number of well-marked points. He could only read *Jaeger* No. 20 either with or without his lenses, which were convex  $\frac{1}{18}$  s. and  $\frac{1}{14}$  s. for the right and left eyes, respectively. His distant vision was  $\frac{8}{200}$  with the right eye, and  $\frac{9}{200}$  with the left eye. Glasses were of no avail.

There was no diplopia and no strabismus, but a barely perceptible drooping of the upper eyelids, such a condition as one often sees in those addicted to the use of alcoholic beverages. The conjunctivæ were clear. The pupils were rather dilated, and, to a degree, insensitive, although light stimulus caused slight and moderate contraction. The ophthalmoscope revealed clear media. The disks appeared pale, almost white; the peripheries being rather paler than the centres. There were slight physiological cuppings, at the bottoms of which the lamina cribrosa were plainly visible. The nutrient vessels of the disk were apparently diminished in size, and the retinal vessels, the veins as well as the arteries, seemed too small.

This would seem, at first sight, to contra-indicate tobacco-alcohol amblyopia, but, although there was no appearance of congestion, either of the retina or disk, it must be remembered that this case was late in the chronic stage, long after the usual time for the disappearance of the hyperæmia, which is often very transient. It will, therefore, be needless to refer to this seven months' condition as one entirely unlikely to have any of its primary characteristics; particu-

larly, since the whole course of the disease, from congestion to atrophy, is from four to twelve months. Nor is it improbable that this amblyopia had started more than seven months prior to his first visit, as a moderate impairment of vision is often unnoticed for a time; particularly by those whose sensibilities are somewhat blunted by alcoholic blood-poisoning.

TREATMENT.—As alcohol had been abandoned, no restriction was necessary in that direction, and, as the number of cigars per day had been greatly reduced, I did not think it best to lessen it still further.

He was given general instructions as to exercise, sleep and rest, but nothing was suggested in a special way.

On general principles, he received *nux vom.* 12<sup>x</sup>, to be followed after three or four days by *argentum nit.* 6<sup>x</sup>, four doses daily. On the 6th of August, six days after he began taking the *argentum nit.*, he was able to read *Jaeger* No. 19. The remedy was repeated.

On September 24th, he was still improving, and was able to decipher *Jaeger* No. 18. At this time, owing to a little general prostration and temporary loss of appetite, he received a few doses of china off.  $\phi$ , on pellets, with instructions to return to the nitrate of silver after a few days.

October 15th, *Jaeger* No. 17 was read, thus showing a gradual but steady improvement. By this time the pupils were more active, and the eyes more sensitive to the light of the ophthalmoscopic mirror. The fundus had undergone no appreciable change. A slight twitching of the lids was complained of, and, thinking that *gelsemium semp.* might act upon the whole condition, it was prescribed in the 12<sup>x</sup>. After one week's trial of the *gelsemium*, the twitching had disappeared, but no change was manifest in the vision, so *argentum* was repeated, but this time in the 2<sup>x</sup> trituration; on the 16th of November, my patient was able, with the assistance of a convex  $\frac{1}{11}$  s., to read *Jaeger* No. 5, and at a distance could decipher  $\frac{2}{10}^0$  scant, with the right, and  $\frac{2}{20}^0$  scant, with the left eye.

On December 2d, the distant vision was—right,  $\frac{2}{10}^0$  +, and left,  $\frac{2}{20}^0$  +. With +  $\frac{1}{11}$  s. lenses, *Jaeger* No. 2 was read with effort. The progress being so satisfactory, the 2<sup>x</sup> trituration of the nitrate of silver was continued, and on the 27th of January, 1886, his +  $\frac{1}{11}$  s. glasses enabled him to read *Jaeger* No. 1; and +  $\frac{1}{36}$  s. lenses gave him a distant vision of  $\frac{2}{20}^0$  scant; thus making his vision, assisted by lenses, about normal, both for reading and distance.

The pupils were active; the disks retained their paleness, but to a less degree than at first. The retinal vessels seemed to be more thor-



oughly filled with blood than on the 28th of July, when the treatment was begun. Although the nutrient vessels of the disk had not perceptibly changed, it may be said that vision was restored to almost its normal degree in six months.

Two months later, I saw this man, and found him in about the same condition as last reported.

I had lost trace of him until nearly three months ago, when his son told me that the vision was good, and that reading and writing were a constant source of comfort to him.

You will notice that but four remedies were employed; that the argent. nit. was given almost continuously, and, further, that it appeared to act best when given in the 2<sup>x</sup>, though, from the first, when the 12<sup>x</sup> was prescribed, an improvement was manifest. It was not, however, until the lower preparation was given, that a decided change showed itself, and continued uninterruptedly until normal (?) vision was restored.

It may be remarked, that there was no well-defined central scotoma, such as we often find in this form of amblyopia; but such a defective spot is not always present where tobacco and alcohol are the causes of an uncorrectable impairment of vision.

It must be borne in mind, that this was a long-standing condition, and one which showed many indications of resulting in an atrophy of the optic nerve, which process, judging from all appearances, was near at hand.

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#### A CASE OF SPLENIC ENGORGEMENT.

BY JOHN MALIN, M.D., PHILADELPHIA.

WALTER L., aged 25 years, when at the age of twelve years, was seized with severe attacks of spasmodic pain in the left side, for which many physicians were consulted. No relief being obtained, he decided to try homœopathy. On April 8th, 1886, he presented himself at my office for treatment. At that time he was not able to work more than three or four days in the week, and suffered all the time from a burning pain between the shoulders as though a hot iron was thrust beneath the skin. This increased in severity until an unbearable deep drawing pain began in the left side just beneath the floating ribs, and he would be obliged to lie down and remain in bed from one to three days; the pain gradually diminishing, never leaving suddenly. These attacks recurred about every ten days, but not at regular periods. He had at times taken various doses of quinine by the advice of his physicians. After a careful examination I gave

sulphur for one week, three powders per day, after which I gave arsenicum for three weeks, when there was a slight diminution of the pain and burning in the back ; but there was no other apparent improvement. I then gave protoiodide of mercury for two weeks, during which time he had less pain, was better able to work and felt greatly encouraged. I then continued the remedy for four weeks longer, seeing him twice during that time. He had improved and felt better in every way, having had but two slight attacks of pain in the side, and these had not compelled him to go to bed. After taking the mercurius protoiod, two weeks more, he came in looking sad and dejected as he had just recovered from a spell that had kept him in bed for two days. I now gave rhus in alternation with the protoiodide. After taking these medicines two weeks he was but little improved. I then gave him ranunculus bulb., first attenuation, three times daily for two weeks. He then came in bright and happy, saying that he had not had a pain since his last visit. I continued the ranunculus less frequently for two weeks, during which time one bad attack occurred. The remedy was now ordered to be taken less regularly, giving it one day and omitting it two ; although he had pain and some slight burning under the shoulder, he felt greatly encouraged, being able to work with greater comfort than he had for years. The ranunculus was continued for several weeks with no special improvement. I then gave iodide of arsenic for three weeks. No improvement then being apparent, I gave ranunculus bulb., and asafoetida, two doses of each daily. At his next visit he was much better, so the ranunculus bulb. and asafoetida were continued morning and night for two weeks. During this time he had improved, gained flesh and strength. He has escaped the attacks for a long time, the pain between the shoulders having entirely ceased ; he feels himself a new man, and is vigorous in his praise of homœopathy. This was a case of splenic engorgement with chronic induration. When the pain was most severe, there was perceptible enlargement, but at other times, it was quite difficult to determine that there was any soreness or enlargement. This case was peculiar in its long duration, and in the absence of many of the ordinary symptoms.

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GALL-STONE COLIC—CALC. CARB.

BY E. N. LEAKE, M.D., BUTLER, PA.

THREE years ago I was called upon to treat Mrs. B., aged 61 years. She was a large fleshy woman of phlegmatic constitution, weighing



200 lbs. She had suffered from "gall-stones" for twenty years. She had never received any benefit from doctors, and so had abandoned them in disgust long years since, for they could give nothing but opiates and anæsthetics, and she "proposed to die in her right mind." She was prevailed upon, however, to try a homœopathic doctor. The attacks manifested themselves by a sensation as though somebody had hit her with a club under the right shoulder-blade. There came on suddenly, without warning, a tearing, cutting pain, extended into the right hypochondrium and the epigastrium, in fact through the whole side. The objective manifestations of this pain were terrible to behold, screaming, rolling, tumbling about, rending her clothes, pulling her hair. The pain was thus characterized for 15 minutes, more or less, when she would begin to vomit great masses of bile of the consistency of liver, and as large as a man's hand, together with liquid bile. These masses when broken up and washed in water were found to contain clear crystals, tinted slightly yellow. She had vomited during one attack as much as could be held in a man's hand and of about the size of peas, some larger, some smaller, and of every conceivable shape. Remembering how highly Prof. Allen, of New York, recommended *calcareæ carb.* for the pains incident to this trouble, I dissolved about 10 grains of *calcareæ carb.*<sup>12</sup> in a glass half-full of water, and gave a teaspoonful every 5 minutes. She took three doses and said she was very much relieved. Believing she had taken an opiate, she remarked that she had never known remedies of that class to take effect so soon. She has never had an attack since, and has never vomited any stones; she has had two bilious spells and vomited bile once; this came from imprudent over-eating. She continued the use of *calcareæ carb.*, three doses per day, for a month, then one dose per day, every alternate week for several months. She kept the powders in the house for two years; taking some occasionally when she felt any prodromic symptoms.

The power of this remedy, as manifested in this case, is more amazing to the patient than to anybody else. She declares she has taken a great deal of powerful medicine, but this exceeds them all and is tasteless. It has been my privilege to treat many cases of "bilious colic" so-called, a small percentage of which are troubled with gall-stones, the greater percentage being associated with catarrhal troubles of the duodenum or of the ductus communis choledochus. The pain in these cases is caused by spasmodic contractions of the parts which result in dumping the contents of a distended gall-bladder into the stomach and bowels. Here *calcareæ carb.* has been

of no use in my hands, while nux v., chelidonium, berberis, chininum act., according to their indications, have done a good service. But for the painful passage of gall-stones and the prophylactic influence it exerts in the formation of the same, calcarea carb. is the remedy *par excellence*.

#### A NEW ANTISEPTIC LIGATURE REEL.

BY HORACE B. WARE, M.D., SCRANTON, PA.

THERE have been many attempts made to construct a bottle that would contain ligatures of gut and silk antiseptically, and at the same time be light and convenient to transport, but nearly all have soon been forgotten owing to the fact that they were not antiseptic or were so complicated that too much time was used in adjusting them.

The accompanying cut represents a bottle which does away with these faults. It is a glass bottle,  $3\frac{1}{2}$  inches in length, and  $\frac{3}{4}$  of an inch in diameter, having a soft rubber stopper through which are three minute perforations. By pressing the stopper firmly into the bottle and pulling over the cap no fluid can escape at all, and yet the ligatures can be freely drawn through. Attached to the stopper is the frame, which is entirely of hard rubber. The pins which hold the reels and the reels themselves are all hard rubber, so any antiseptic fluid may be used without in any way acting on them. A glance at the cut will show how easily and simply it is adjusted. In a minute's time a reel can be wound full of catgut or silk and be ready for use. Each reel holds about forty feet of No. 3 gut. The ligatures are passed through the stopper with a needle which accompanies the bottle or with an ordinary eyed probe. A knot made by two strands of gut tied together will easily pass through the stopper. Thus the ligature bottle is always ready for use.



I recommend the ligature reel to the profession for its perfect antiseptic qualities, simplicity of construction and easy adjustment and cheapness. The cut is made to represent three reels in the bottle, but they can be made to contain any number. The reel is made by George Tiemann & Co., 107 Park Row, New York City.



## CORRESPONDENCE.

PHILADA., June 12th, 1888.

## EDITORS HAHNEMANNIAN MONTHLY:

A recent statement made in the State Medical Society (Old School) of Pennsylvania, by a Dr. Packard of this city, that "Homœopathy is to-day none the less a system of quackery than it was twenty years ago," should not be allowed to pass by unresented, and I think I may be permitted with more freedom than some may care to assume, to reply to Dr. Packard in defence of homœopathy and its practitioners—though in reality it needs very little defence. I say "with more freedom," for having had an old-school training, and held positions in its schools, hospitals and dispensaries, I am in a better position to take up the defensive in a matter of this kind than one who has not had such an experience—not from any greater knowledge I may have of, or skill in, the practice of homœopathy, but that I have had greater opportunities for a survey of the two fields of the rival therapeutic systems.

What I say can, therefore, be less questioned as partial or biased than if coming from one whose faith has always been homœopathically inclined.

An acquaintanceship, more or less intimate, with Philadelphia's prominent old-school physicians and surgeons, has made me quite familiar with Dr. Packard's fellow-workers. Seven years spent as student, physician, and instructor in the institutions of that school, have given me opportunity to form an estimate of the character of the teachings and practice of its system.

Concerning that experience, I have naught to say except that the workers in the old-school labor honestly, zealously, ceaselessly, in the direction of their faith. He who questions that, speaks of that which he knows nothing of, or has become illy informed upon.

What I say of the old-school as to adherence to its system of laws, I can say equally of the new or the school of homœopathy. Nearly seven years spent in a close observation and study of the men of Hahnemann's disciples, have given me no reason for doubting their zeal, their energy, and their integrity as workers in the therapeutic field; nor have I had any reason for ranking homœopathy, as defined in theory or worked out in practice, as quackery, accepting the word in its broadest and most liberal sense. Beginning with Hahnemann himself, we find he was a man of great intelligence, an active worker, a keen observer, an honest recorder, a humanitarian.

Whether his system was true in fact or not, he was far from a quack, —farther removed, indeed, than others of his times and regarded as the “good and true.” From the father of homœopathy down to the present hour, through all that shining array of great names ornamenting the history of the growth of medicine, we find the same zealous and active workers in the school of the similars. Our libraries teem with volumes written with as much care as ever was book of old-school birth. Our laws have been worked out with as true a regard for the truth, as ever was in the old-school. Our teachers are as honest and noble as ever were those in Jefferson or the University. Our school is not so old, but its corps of instructors have as high a regard for their calling as have those of the antagonizing school. They search for the truth with equal purpose. They scorn the charlatan, the ignorant, the deceiving. Their profession is as clearly defined in their minds and worked out in their practice as one for the alleviation of suffering and the cure and prevention of disease, as is that of the old-school physician.

We are not writing on this occasion to advance ourselves over others; we ask for fairness. We plead that when men who believe not with us, stand in public places to condemn, they do it as men well informed of us. If they can, let them try to prove a medicine homœopathically prepared and administered has no value, and that as a system homœopathy is false, and we can find no fault. We then can stand and willingly will stand with them on rostrum or in clinic room, or at bed-side in an honest, fair test. But when men assert or imply that homœopathy is a system of quackery, they only indicate their ignorance or their misunderstanding of what homœopathy really is.

Yours truly,

G. M. CHRISTINE,

2043 N. 12th Street.

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#### Vanillismus.

Dr. Layet observed in workmen who labor in cleaning and sorting vanilla beans the following symptoms: Itching of the face and hands with severe pains; the skin is covered with an itching eruption, swells up, redens, and desquamates in a few days; general malaise, vertigo, weariness, and muscular pains, so that the laborers have to quit work. The cause of it is an acarus, with a small, white, roundish body, usually found at the ends of the bean. It does not penetrate the skin, but causes itching by its touch, increased by the white coating of the beans, which, as an irritating substance, aids the development of the erythema. The nervous symptoms appear from manipulating even small quantities, perhaps caused by the oily juice which covers the granular inside of the bean.—*D. M. Z.*, 1888.

S. L.



## EDITORIAL DEPARTMENT.

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All communications to this journal must be contributed to it exclusively. The editors rely on all contributors conforming strictly to this rule. Rejected manuscript will be returned to the author.

Reprints or copies of the journal containing their article will be gladly furnished writers if a request for the same is sent with the manuscript.

The editors are responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors. No discourteous or anonymous communications will be recognized.

All exchanges, books for review, and all communications should be addressed to, and all checks and money orders drawn to the order of the HAHNEMANNIAN MONTHLY, 1506 Girard Avenue, Philadelphia.

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### THE ALLOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA AND HOMŒOPATHY.

ON June 5th, 6th, 7th, and 8th, 1888, there was held, in Philadelphia, a State Medical Society meeting. The Society holding the meeting was the Allopathic Medical Society of the State of Pennsylvania. The professed objects of the meeting were mutual improvement and the advancement of medical science. The actual object of the meeting, if we may judge by the published reports, was,—we don't know, unless it was to abuse the Society's successful and powerful rivals, the homœopaths. The inevitable subject of medical legislation came up for discussion. For some reason, some members of the Society must have lost confidence in the honesty of medical-college professors, and suggested that a State Board of Medical Examiners should be appointed under the auspices of the Commonwealth. The prospects of a mixed board, *i.e.*, one composed of allopaths and homœopaths, dawned upon those present. Thus was their ire aroused. One doctor from the interior of the State objected to the proposed medical legislation, as the "Board of Examiners would be composed of charlatans, bummers, ward-politicians, homœopaths, and other so-called members of the medical profession." Severe as this sounded, we felt mentally grateful that the speaker placed homœopaths in a group of their own, while the allopathic members of the Board (for it would not be just to deprive that school of representation) must have been included by inference under the other groups designated by such forcible though inelegant terms. Not satisfied with the expression of the lack of honor in college faculties in examining their students, as shown in a desire for a State Board of Medical Examiners, the superintendents of the insane asylums and their shortcomings were freely discussed. What a delightful opinion these allopaths must hold of each other!

On the third day of the meeting medical legislation was again the subject. Dr. J. H. Packard, of Philadelphia, opposed the appointment of a State Board of Medical Examiners, because it would place the homœopathic on a footing with the allopathic practice (as if it were not already there.) He further denounced homœopathy as a system of quackery. Then there came a scramble to see who could "out-Herod Herod." One physician said that homœopaths objected to a State Board of Medical Examiners, because they did not study anatomy, physiology, chemistry, surgery, etc., and would not be homœopaths if they did. That speaker well knew the falsity of his remarks. Well did he and his colleagues know of the able address of Dr. Garnett before the American Medical Association, in which homœopathic colleges were shown to demand a longer course of study than those of the allopathic persuasion. And if he would inform himself of the literary and professional ability of the men whom he affected to despise, he would find them the peers of himself and his associates in medical practice. He, and each and every man present at that meeting, knew that, if a State Board was appointed under absolute allopathic control, no homœopaths would receive a license to practice at the hands of that board. Finally, he who had at a previous session referred to the proposed board as "bummers," etc., objected to the very tender manner with which homœopathy had been handled.

All these discussions (?) were reported in the daily press for the edification of an intelligent public.

To the credit of the leading old-school medical journals, with a few notable exceptions, be it said, that they have not, in reporting this meeting of the Pennsylvania State Society, referred to the above bigoted blackguardism. Their reports of the scientific work done by the Society are necessarily limited, because of the immense amount of time wasted in discussing (?) medical legislation.

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#### A WORD ABOUT OURSELVES.

IN this number appears a complete account of the late Institute meeting which closed on Friday, June 29th! Our readers will thus have, in all probability, the first report of this annual meeting at Niagara, furnished us in full by our special correspondents, and sent on by telegraph. Many who have attended the meeting, will find on their desks awaiting them an account which will enable them to review their interesting week, and thus impress upon their minds,



in which the subject is still fresh, points of value too easily forgotten. Journalistic enterprise of such a character, with a prompt issue of the journal, in spite of the late date of the meeting, will, we feel sure, commend itself to our readers. We started with the idea of following strict and active business principles, and we are already beginning to reap the benefits of the same. The best writers of the school willingly contribute the work of their pens, new subscribers come in from every quarter, old patrons give us words of encouragement, and sterling articles from reliable firms invite and deserve a perusal of our advertisements. We naturally feel encouraged to go on, to improve and work harder, until the contents and make-up of the journal leave nothing to be desired. Criticisms and suggestions come, too, and of every variety; we are glad to receive them, and if they are not acted upon it is not because they have not been carefully thought over. If the July number pleases you, surprises you perhaps, look out for the August number!

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#### ERRATA.

DR. O'Connor requests us to make the following correction in his paper which appeared in the June number: Page 332, line 4, for "is," read "may be," and to the sentence add the words, "or in the nerve tracts arising therefrom."

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### EDITORIAL NOTES.

IT is now claimed that excessive tea-drinking is a prolific cause of dental caries.

AN old-school authority recommends small doses of Fowler's solution as a cure for warts.

IN a St. Louis dissecting-room, a subject without clavicles has been found, these bones being replaced by fibrous cords.

A PHYSICIAN advises, "if a child does not thrive on fresh milk, boil it." Rather severe treatment for the child, we should say!

THE action of antipyrin on the kidneys makes it important that this drug be used with care in cases in which those organs are diseased.

NITROGLYCERIN, after being neglected by allopathic physicians for years, is now rapidly gaining favor with them as a valuable cardiac remedy.

A NURSE in a London hospital, in cleaning a bottle containing glycerine, poured in some nitric acid to facilitate matters. An explosion followed.

THE *American Dermatologist* is a new candidate for professional favor. It is published monthly, at Indianapolis, Ind.

A SIMPLE expedient for the constipation of infants is that of Dr. Theophilus Parvin: Rubbing the abdomen with a little sweet oil.

THE New York Board of Health will require, after July 1, that all plumbing be inspected, and tested by the air pump and pressure-gauge, in the same manner as now employed in testing gas-pipes.

PORRO has devised a new operation, which he has termed "*ovarioclasie*." It consists in the destruction of the tissue of the ovary in cases in which removal of the organ is indicated but cannot, for some reason, be carried out.

AN enterprising reporter on one of the New York dailies, describing carefully the operation performed on the late Senator Conkling, said, "this is called the mastoid *process* as distinguished from the *process* of trepanning."

THE adoption of the compulsory three-year course by the Minnesota adds more honors to homœopathic medical education. Let each of the colleges now graduating students on two courses try not to be the last to follow the example of their sister institution in the Great Northwest.

THE intelligent compositor is now on his travels. After making one contributor say "*consecrated* extract of malt," and another "*dessicated* beef," he has gone South, and now has made Dr. Kershaw, St. Louis' eminent neurologist, a "*professor of necrology*."

AN English veterinarian has successfully tracheotomized a horse. The animal was suffering from an abscess in the throat, and was in imminent danger of suffocation. The tube used was made of silver and was a half-inch in diameter.

DR. SMITH, of Montreal, recommends faradism as the most valuable means for the treatment of uterine displacements. The machine used should have a coil made of short but very thick wire. Dr. Smith attributes failures in the electrical treatment of uterine displacements to the use of unsuitable coils.

PINARD treats cracked nipples as follows: As soon as there is any appearance of cracks, or even tenderness of the nipples, a compress folded in four, and steeped in three or four per cent. boracic acid solution, is applied. Oil-silk is then placed over the compress, over this a layer of cotton wadding, and the whole secured by a bandage.

DE BACKER describes in the *Journal de Médecine*, of May 6, 1888, a simple apparatus, consisting of a rectangular water-bath hermetically sealed, containing a pound of paraffine, ordinarily melting at 119° F., and which can be heated to 572° F. without volatilizing. In the water-bath is placed a flask containing the articles to be sterilized. Heat is furnished by an alcohol lamp.—*Medical News*, June 23, 1888.

THE Jefferson Medical College, of Philadelphia, will henceforth demand that its students attend three courses of lectures. This is a wise move. There are now three allopathic colleges east of the Ohio requiring three years' lectures. They are, Harvard, University of Pennsylvania, and the Jefferson. *All of the homœopathic colleges east of the Ohio River require three courses.*

We are indebted to Dr. S. Lilienthal for the foreign gleanings in this number. Notwithstanding his long and active professional life, the doctor is still an enthusiastic literary worker. It was his privilege, a short time ago, to celebrate what but few of us can hope to attain, *i.e.*, his golden wedding to medicine. It is the wish of the editors of the *HAHNEMANNIAN MONTHLY* that twenty-five years hence we may chronicle S. L.'s diamond wedding.



## BOOK REVIEWS.

**A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY.** By George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. Sixth edition. Revised by A. D. Rockwell, M.D. New York. William Wood & Co. 1888.

Beard and Rockwell's Medical Electricity has so long been before the medical profession, and recognized as the most elaborate treatise on the subject extant, that we need say but little concerning it at this late hour. Successive editions have improved on their predecessors. Now, the sixth edition presents itself as a candidate for professional favor. Since the fifth edition of the book appeared, the main advance in electro-therapeutics has been in the field of gynecological practice. The main revision noted, therefore, in the present edition is to be found in the chapters devoted to diseases of women—these having been entirely rewritten.

**THE MODERN TREATMENT OF HEADACHES.** By Allan McLane Hamilton, M.D. Detroit. George S. Davis. 1888.

In writing this little book the author has drawn solely from his own experience, without reference to other works or essays treating of the same subject. The classification of headaches he adopts is the following: 1. Congestive headaches. 2. Anæmic headaches. 3. Organic headaches (as a rule due to structural cerebral changes). 4. Toxic headaches (*e.g.*, lithæmic, uræmic, malarial, *et al.*). 5. Neuralgic headaches. 6. Neurasthenic headaches. In his introductory remarks, Dr. Hamilton refers to a form of headache which we believe, with him, to be by no means uncommon, and that is a myalgic headache. As he says, "many alleged 'eye' and 'uterine' headaches are ordinary myalgic affections of the temporal and occipito-frontalis muscles."

The various forms of headache reflex from disease in different organs are too briefly considered under the head of neurasthenic headaches. This is the most interesting department of the whole subject, and, we believe, the most important; for headache is not a disease *per se*, but is symptomatic of other troubles. Two forms of reflex headache not often recognized by physicians, and rarely if ever mentioned in text-books, are headaches dependent on aural and nasal disease. The former of these is rare. In one such case under our care, the true nature of the disease was made positive by the fact that the spraying of the middle ear with cocaine relieved the pain at once. Catarrhal headaches are more common. We are especially pleased with the positive manner in which the author denounces the claims made by certain "specialists" that they have cured certain organic affections of the spinal cord, epilepsy and chorea, by ocular myotomy. The importance of refraction difficulties in the causation of headache he fully recognizes. The book, as a whole, is a very readable one. What the author has said is well said. While we do not endorse his therapeutics, we regret that he has not treated his subject at greater length.

**THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF THE DISEASES OF WOMEN.** By Graily Hewitt, M.D., Lond., F.R.C.P. A new American from the Fourth Revised and Enlarged London edition, with 23 Illustrations. Edited, with notes and additions, by H. Marion Sims, M.D. New York. E. B. Treat & Co., 771 Broadway. 1888.

This well-known work needs but little notice from us to call to it the attention of our readers. Ten years, however, have elapsed since the last edition was published, and we turn with interest to see what these years have gained to the author in experience and observation. He reiterates, even more strongly, his continued faith in the general principles of the pathology

of diseases of the uterus, dwelling upon and insisting on the mechanical pathology of some forms, claiming that pathological changes are produced by mechanical causes. We find him teaching most carefully the importance of better general nutrition of his patients, claiming that many so-called uterine diseases result, not from local causes, but from a general malnutrition in which the whole system shares. Hence, he orders and carries out carefully the principles of rest and feeding in treating such patients, and calls attention to the good results attained by himself and others without local treatment of any kind to the uterus.

There is a very valuable chapter given to the discussion of nausea of pregnancy, in which the author very clearly proves this condition of things to be a neurosis, a reflex condition from some form of uterine distortion relievable by appropriate mechanical treatment.

He also claims, and goes far towards proving that hysteria results from uterine displacement, and is, therefore, reflex to uterine disturbance, and not, as has been generally supposed, to ovarian disease.

These chapters, and those devoted to the malpositions of the uterus with their causes and treatment, would alone make the book invaluable.

J. N. M.

LECTURES ON DISEASES OF THE HEART. By Alonzo Clark, M.D., LL.D. New York. E. B. Treat & Co. 1887.

This work of 250 pages claims to be the lectures on diseases of the heart delivered at the College of Physicians and Surgeons, New York, by Alonzo Clark, M.D., LL.D., published and copyrighted in 1887, by E. B. Treat, of New York.

The preface of eleven lines, dated March 21st, 1884, is written as if coming from the author; it is evident, however, that it is from the pen of the reviser, who has neglected to sign his name. The latter (the reviser) has no reason to feel satisfied with his work. It has been done hurriedly and carelessly, and calls for condemnation. The subject-matter is handled in a most able, concise, and conservative manner, containing, however, nothing that can be really said to be new. The *style* is free and easy, after the manner of a pleasing lecturer, and answers well for the rostrum, but should not be tolerated in a printed treatise. The superficial revision and careless proof-reading the work has received is a great injustice to the memory of Dr. Clark.

W. W. V.

## BOOKS RECEIVED.

Of which there may be critical notice hereafter.

WM. F. HUTCHINSON, M.D.—Practical Electro-Therapeutics. Philadelphia. Records, McMullin & Co., Limited. 1888.

BARTON C. HIRST, M.D.—American System of Obstetrics. Philadelphia. Lea Brothers & Co. 1888.

AMBROSE L. RANNEY, M.D.—Applied Anatomy of the Nervous System. 2d edition. New York. D. Appleton.

F. E. WAXHAM, M.D.—Intubation of the Larynx. Chicago. Chas. Truax & Co. 1888.

MRS DR. J. H. PULTE.—Domestic Cookery. Cincinnati. George W. Smith. 1888.

PUBLICATIONS of the Massachusetts Homœopathic Society, 1887.

THOMAS NICHOL, M.D., LL.D., D.C.L.—Croup and its Management. Montreal. William Drysdale & Co. 1887.



## GLEANINGS.

### Lipogenic Diabetes.

The occurrence of transient glycosuria in fat persons is a matter of common observation among those who systematically examine all specimens of urine for the presence of glucose; and in such individuals the symptom is not usually looked upon as one of grave significance. But a more careful examination of statistics seems to show that this lipogenic glycosuria is not unfrequently followed by a true diabetes. Wisch has made a careful investigation of this question, with interesting results. In more than one-half of the cases of marked obesity of hereditary origin, which came under his notice, diabetes developed after varying periods of intermittent glycosuria. The striking association of lipomatosis with diabetes is illustrated by three genealogies, each one going back three generations. The frequent association, too, of gout with lipogenic diabetes, familiar to all who see much of either disease, is dwelt upon.

Regarding the pathogenic relation of diabetes to obesity, Wisch looks upon the diminished power of the fat infiltrated muscle-cells to convert sugar into glycogen as the cause of the diabetes. Stated broadly, his view is that there exists a congenital abnormality of the metabolic function of the cells which prevents their disposing, by combustion, of the fat within them, and that the resulting accumulation of fat leads, secondarily, to an inability to dispose properly of the glucose.

In the importance which he ascribes to the muscles in the causation of this form of diabetes (but little weight is given to the part a fatty liver may play in it) Wisch is in accord, in many particulars, with numerous other observers, such as Senator, Zimmer, Ebstein, Seegen, etc.—*Amer. Journ. of the Medical Sciences*, June, 1888.

### Effect of Etherization on Bodily Temperature.

Doctors Hobart A. Hare and Joseph Leidy, Jr., have made experiments to determine the effect of etherization on the bodily temperatures. In thirteen cases of surgical operation, in which ether was used as the anæsthetic, Dr. Leidy observed an average fall of temperature of over  $2\frac{1}{2}^{\circ}$  F., the greatest fall being  $4.4^{\circ}$  F., the least  $1.2^{\circ}$  F. In thirteen cases observed by Dr. Hare the average fall of temperature was  $2.32^{\circ}$  F.; the greatest fall, after operation for carcinoma of the breast,  $3.15^{\circ}$  F.; the least  $.8^{\circ}$  F., after insertion of a drainage-tube for empyema. That both the etherization and the operation are factors in producing the fall of temperature is unquestionable. But that the former has great influence is shown by the marked lowering in temperature observed in the case of the healthy dog. These observations justify the common practice among surgeons, the world over, of applying heat to the body and limbs of a patient who has just passed through a surgical operation.—*Therapeutic Gazette*, May 15, 1888.

### Electricity in Gleet.

In the treatment of gleet and impotence, Dr. W. E. Steavenson finds electricity very successful. The metal part of a vesical electrode or electrical bougie, such as is used in the treatment of stricture, is held against the sore, unhealed surface, which keeps up the discharge, and which is frequently to be found on the bladder side of a stricture. The electrode is made negative, and is moved slowly backward and forward over the sore surface for about two or three minutes, with a current strength of five milliampères. The electrode, connected with the positive pole, is placed on some indifferent part of the body, but, by preference, over the lumbar enlargement of the cord, as possibly the effect of the electricity on the nervous supply of the urethra may be beneficial. In the treatment of gleet, no doubt, the electrolytic property of the current is the chief agent at work.

The unhealthy, ulcerated surface, on which the gleet depends, is decomposed or altered in such a way as to put it into a condition in which it will be healed.—*Medical Register*, May 26, 1888.

#### Lathyrus Sativus in Paraplegia.

Dr. Edward Blake reports the case of a man, æt. 52, who had been unable to walk for six years. At that time, after working in the wet, he had "pains all over," followed by "a stroke," losing consciousness for two hours. This attack left him with trembling of the limbs. He used, at first, to be troubled with thread-worms. Since they disappeared, the tremors had been worse. He was prone to pain over his right eye, and was stiff in the loins. He always felt worse before a rain. Ignatia 3 was given, and in three months he had improved in general health. Instead of being tied to his chair, he could hobble about, but was still very lame. Lathyrus 3x was then given for a fortnight without marked benefit, then lathyrus 1 for the same length of time, and there was no sensible change. Lathyrus third centesimal trituration was then ordered for four months without ceasing. At the end of that time, he walked decidedly better. Then lathyrus 1x was prescribed. One month later (and eight months after beginning treatment), he had so far improved that he could walk four miles. He then stopped treatment.—*Monthly Homœopathic Review*, May, 1888.

#### Epistaxis from Coffee.

Dr. Edward Blake reports two instances in which bleeding of the nose occurred after drinking strong coffee.—*Monthly Hom. Review*, May, 1888.

#### Strychnia in Ear Disease.

Dr. Robert T. Cooper reports the case of a woman, aged 59, with deafness in the left ear for five months. The right ear had become deaf twelve years previously, quite suddenly, and hearing had never returned. Her hearing, tested with a watch, normally heard at 60 inches, was 10 inches for the right and 1 inch for the left ear. The tuning-fork was fairly heard. The following were the associated symptoms: Tinnitus incessant, day and night; subject to bronchitis and rheumatism; coughs much phlegm in the morning, whitish, sticky phlegm; pain in left side, catching her breath; pain in front of chest; sleep restless; bowels regular, but much troubled with dry piles. R. Strychnia pur. 12x, gr. j. *ter die*. Two weeks later, she was much better of the tinnitus, piles less, bronchitic tendency much better, but the left eye was inflamed, with much lachrymation, and pain up the side of the head; the hearing was 28 inches for the right and 8 for the left ear. The remedy was continued night and morning. In two weeks more, the hearing was 60 inches on the right and 55 inches on the left ear; tinnitus gone; phlegm less; piles better; pains about body to which she was subject better, but has a good deal of pain about the heart if she takes much exercise, and this comes even when sitting down. Were it not for this she would be quite well.

Dr. Cooper looks upon strychnia as competing with quinine in its beneficial effect in chronic ear-diseases. In the above case, the bronchitic symptoms with rheumatism is in every way indicative of it, as is also the chronic unvarying tinnitus.—*Monthly Homœop. Review*, May, 1888.

#### An Operation for Incurable Incontinence of Urine in Women.

An actress had often been obliged to retain her urine for unduly prolonged periods of time. This ultimately determined a paralysis of the sphincter of the urethra. To remedy the distressing effects of this condition of things, Dr. W. Alexander dissected out the urethra, and led it into the rectum, hoping to utilize the rectal sphincter for the retention of urine. At the third attempt he succeeded, and the patient was much relieved.—*Medical Analectic*, May 24, 1888.



## Mercurius Jod. cum Kali Jod. in Influenza.

Mrs. M., æt. 36. Influenza; prostration great; sacral and lumbar aching; neuralgia, left side of face to half-way across forehead; aggravation in warmth of bed—pain in left temple and ear; heavy sneezing, eyes and nose discharging freely; a bland watery discharge on sneezing; quite subject to these attacks on getting a little cold. She has great difficulty in getting rid of them. She was well soon after taking *merc. jod. cum kali jod.* 3x.

In deep-seated catarrhal affections, where the lachrymal and nasal discharge is profuse and mild the above-mentioned preparation of mercury is unequalled.—Mr. J. W. Carter, in the *Homeopathic World*, May 1, 1888.

## Melancholia: Actea rac. and Crocus. Cure.

Mr. P—, æt. 34, for some months has been gradually getting into a low melancholic condition, and now he is constantly imagining that he sees the faces of friends and relatives who have been dead some time; he is miserable and sad in his appearance; suffers from heartburn, trembling, shaking, coughing, and sneezing, which cause pains in the left chest and epigastric region; nausea and vomiting. *Actea rac.* 1 cured all the symptoms, except a sensation of jumping as from something alive in the stomach. This *crocus* 1 cured.—Mr. J. W. Carter, in the *Homeopathic World*, May, 1888.

## Religious Melancholy; Melilotus.

Several years ago, Dr. E. B. Nash cured a bad case of religious melancholy, of four months standing, with *melilotus* 6 after belladonna, stramonium, and other well-selected remedies, had failed. *The intensely red face* led to its employment. There has been no recurrence of the mania, now more than three years since.—*Medical Advance*, May, 1888.

## Epistaxis; Melilotus.

During a run of fever, a patient under the care of Dr. E. B. Nash was attacked with epistaxis. One attack followed another, once or twice in 24 hours, usually at night. She had been subject, since childhood, to frequent attacks of nose-bleed, when she was injured by a button which she pushed up her nose, which remained in the nose several months, and was finally ejected in sneezing or coughing. Two years previous, during an attack of diphtheria, she had severe nose-bleed, also worse at night, the blood hanging in clots from the nose like icicles, which was relieved with *mercurius sol.* 30. Now the blood was not so much clotted and mercury did no good. Every attack was preceded by the most intense redness and flushing of the face and throbbing of the carotids. The epistaxis would invariably follow within a few hours this apparent rush of blood to the head and face. Neither belladonna nor *erigeron*, which in Hering has "congestion of head, red face, nose-bleed, and febrile action," gave any relief. *Melilotus* 30 promptly and beautifully relieved both the nose-bleed and rush of blood to the head, and the case progressed without trouble or untoward symptoms to perfect recovery.—*Medical Advance*, May, 1888.

## Hereditary Alcoholism.

At the meeting of the Académie des Sciences on March 5, MM. Mairat and Combemale related their observations on the degenerative influence of alcohol. Twelve puppies were born of a dog submitted to chronic intoxication with alcohol, and a young healthy bitch with no defect. Two were still-born, three died accidentally, the seven others succumbed to various diseases—epileptic attacks, verminous enteritis, pulmonary and peritoneal tuberculosis. At the necropsy, lesions, evidently arising from alcoholic degeneration, were found; thickening of the bones of the skull, premature closing of fontanelles, adhesion of the dura mater to the cranial bones, difference in weight of the cerebral hemispheres, fatty degeneration of the

liver. A strong intelligent bitch, during the last three weeks of gestation was intoxicated with absinthe, and gave birth to six puppies, of which three were still-born, two were well developed physically, but were not at all intelligent; the third, a bitch, X, grew slowly, presenting defective intelligence and a remarkable degree of anosmia; X, presenting symptoms of degeneration, more especially of the nervous system, was coupled with a strong, intelligent dog. She gave birth to three puppies, one of which had flat-foot, atrophy of several of the toes, wolf's mouth; a second died of marasmus; the third was attacked with atrophy of the hind-legs. From the latter case it would appear that the degenerative influence of alcohol is greater in the second than in the first generation.—*Brit. Med. Journ.*, May 19, 1888.

#### Common Salt in Migraine.

The *Annales de la Société Médico-Chirurgicale de Liège* indicates the prevention or cure of migraine by the ingestion of a certain quantity of salt. The treatment was discovered by chance. Dr. Rabow advised a young man suffering from *petit mal* and aura to swallow some kitchen salt at the first symptoms of the aura, according to the method of Nothnagel. The prescription was carried out with success. The patient's aunt, who had suffered from migraine for several years, also adopted the plan of taking a half-spoonful, or so, of salt at the first appearance of the symptoms which preceded her attack of migraine. She succeeded in preventing the access or or at least of subduing it at the end of half an hour. Dr. Rabow, encouraged by this observation, employed the same remedy in other cases with equally good results. In six cases, sea-salt administered at the beginning of the access has produced remarkable results. With some patients, however, the method has failed. It is probably to some reflected phenomena that the above result is due.—*British Med. Journ.*, May 26, 1888.

#### Photograms of the Eye.

In the sixtieth *Naturforscherver Sammlung*, both Dr. Claude du Bois-Reymond and Professor Cohn exhibited photograms of the eye obtained by means of the lightning illumination. The illumination is so sudden and fleeting, that when it occurs in a chamber in previous absolute darkness, the pupil has not time to contract, and thus the maximal dilatation can be represented on photograms. It is hoped that by appropriate arrangements the retina can thus be photographed during life.—*Medical News*, May 26, 1888.

#### Diagnosis and Treatment of Diseases of the Stomach.

At the recent meeting of the American Medical Association, Dr. William Pepper read a paper with the above title. He illustrated his remarks with the following case: A man had been losing two pounds in weight per week for a period of sixteen weeks. No disease could be detected. Blood and urine normal. No affection of heart and lungs. No enlargement of the spleen or glands. Eye ground presented no data of significance. No pain, vomiting, or constipation. The teeth had failed, hence there was an element of imperfect mastication. Careful diet, with small doses of arsenic, brought about a temporary cessation of loss of flesh, but emaciation in time resumed its progress. Only by excluding every affection demonstrable did he arrive at a diagnosis of cancer developing in the walls of the stomach. The case resulted fatally, three or four months after it first came under his observation, and the walls of the stomach were found to be the seat of general carcinomatous infiltration. Such cases demonstrate the want of some additional more delicate means of diagnosis to insure accuracy. Not only is this true in rare cases like this, where all symptoms are absent, but many cases will be met with in which one or two symptoms may be present, and yet the group is too inadequate to make a definite diagnosis. He had but recently seen a business man, sixty-four years of age, who had previously enjoyed good health, but was suddenly attacked with severe pain in the pit of the stomach, coming on when that organ was empty, and at night. It



occurred every night, and extended from the pit of the stomach to the back. His bowels were quiet or a little costive. He had lost from thirty to forty pounds, and was pale but not cachectic. Most careful search of the epigastrium revealed nothing. His radials were hard, and arcus senilis was present, the abdominal aorta appeared somewhat enlarged; no evidence of pancreatic disease. Under the use of careful diet, hydrocyanic acid, the application of the thermo-cautery to the region over the stomach and back, a most remarkable improvement was noted; but it was only transient. Months passed and emaciation advanced, and a hardness could be detected close up to the crura of the diaphragm. The patient died, and an autopsy revealed a fungus epithelioma in the superior posterior wall of the stomach, doubtless involving nervous filaments in the dense adhesions. We recognize, then, the need of something outside of such clinical data as pain, vomiting, emaciation, etc., which, although they usually suffice to establish a diagnosis, still fail when they are most needed for differential diagnostic points. He then alluded to a field which seemed to offer us assistance in this regard, viz., the application of organic chemistry in the examination of the contents of the stomach removed in a systematic manner. Vomiting usually occurs so soon after eating, and the vomited matter is so mixed with portions of the previous meals, or with mucus, etc., that the study of the substance is inadequate. The contents of the stomach should be removed by aspiration. It should be done at a definite time after the ingestion of a definite meal, which shall consist of a certain amount of mixed food, starchy and nitrogenous. The matter obtained should be tested for free hydrochloric acid, lactic acid, and peptic strength—that is, the power it possesses still further to digest albumen. The methyl-violet is one of the best tests for hydrochloric acid. It is asserted by Riegel that, in thousands of investigations, he has found that when cancer is present no free hydrochloric acid will be found in the stomach six hours after a test-meal. The secretion of the stomach is just as accessible as the urine, though, of course, it cannot be collected with equal facility.—*Medical News*, May 26, 1888.

#### Malted Milk, in Infantile Diarrhœa.

Clendennin has met with considerable success from the use of malt in the treatment of infantile diarrhœa. In a case in a child about three months old, there were passed very large lumps of casein together with a quantity of green matter. The author ordered the child to be fed upon half a teaspoonful of Kepler's extract of malt added to a pint of milk. In forty-eight hours the lumps of casein, together with the green matter in the motions, had disappeared; the child slept well, and the diarrhœa ceased entirely. In several other cases this treatment was adopted with complete success. Three ways have been suggested for adapting the casein of cow's milk to the requirements of young children: (1) Peptonization; (2) the addition of barley-water; (3) the use of malt.—*Journal of the American Med. Assoc'n*, June 2, 1888.

#### Bismuth Poisoning.

A case recently occurred in France, in which it is alleged that the application of pure subnitrate of bismuth to ulcers following a burn, at intervals of two days, caused sore throat, with false membrane on the uvula, palate and tonsils, foul breath, vomiting, and loosening of the teeth.—*Journ. of Cutan. and Vener. Diseases*, June, 1888.

#### Ocular Palsies and Localization of Disease.

In any case in which the muscles moving the eyeball are involved, it may be possible to locate the lesion. If the iris alone is affected, the lesion is small, and lies either in the ciliary ganglion in the orbit, or just at the opening of the aqueduct of Sylvius into the third ventricle. If all the muscles of the eyeball are affected together, the external rectus and superior obliquus, as well as those supplied by the third nerve, *excluding the iris*, the case is one of ophthalmoplegia externa totalis, and the lesion lies in the

gray matter of the floor of the fourth ventricle and of the aqueduct of Sylvius. Both eyes are then involved. If all the muscles of the eyeball supplied by the third nerve are affected, *including the iris*, the case is one of total peripheral paralysis of the third nerve, and the lesion lies on the base of the brain, and may in time implicate other cranial nerves. One eye is usually alone affected.

If one or two of the muscles of the eyeball supplied by the third nerve are affected, others escaping, the lesion lies in the tegmentum of the crus cerebri, between the nuclei of origin and the point of exit of the third nerve. One eye or both may be affected, but both eyes are rarely affected in the same manner.

There is but one exception to the last conclusion, and that is in the case of post-diphtheritic ocular paralysis, in which the peripheral branches of the third nerve are affected after the entrance of the nerve-trunk into the orbit. And here the existence of a diphtheria preceding the paralysis will establish the diagnosis.—Dr. M. Allen Starr, in the *Journ. of Nervous and Mental Diseases*, May, 1888.

#### On the Treatment of Carcinoma. ‘

Interparenchymatous injections of ozone-water gave splendid results in two cases of cancer. In November, 1887, Schmidt injected it into the morbid tissue and all around it, and after a few weeks, improvement could be clearly observed; after four months' continuous treatment, it was clear that ozone inhibits the growth of cancerous nodes; and may finally obliterate them, without doing any injury to normal tissue or endangering the welfare of the organism. Fifty milligrammes to two decigrammes ozone-water are mixed with one liter of water. Before its application, some potassium iod-starch was added to a portion of it, and according to its strength the solution was of a dark blue, bluish-black or black color. Injections were made with Pravez or similar syringes of different sizes, according to the seat of the disease. The number of injections varied according to the size of the tumor from one to ten or more injections daily; they were made into the cancer in different directions and depths, and all around the surrounding tissue. (The syringe must not be cleansed with carbolic acid, as the latter destroys the ozone.) Injections are also made into the swollen lymph-glands, care being taken that the course of the lymphatic vessels should not be neglected. The pain after injecting mild solutions is not very great, and never lasts longer than twenty or thirty minutes. After injecting stronger solutions, we meet with some œdema, light redness and sensitiveness to touch. With weak injections all this disappears in a few hours, even around the eyes; with stronger injections these manifestations may last a few days. According to these symptoms of reaction the injections were modified in quality and quantity, but never omitted for a longer time than two or three days. In the course of such treatment the cancerous ulcers became cleaner, smaller, and finally cicatrization took place. The nodes diminished in size, gradually hardened, so that the needle could hardly penetrate them, and only a few drops could be poured in with some exertion. After some such treatment the parts attacked swelled up, became œdematous and tense, of a bluish-red color, painful spontaneously as well as to the touch; when cut into, œdematous cellular tissue was found under the apparently normal skin, and below it a thick, tough tissue, which finally passed into connective tissue shrinking. Soft cancers may be thus changed into hard ones and obliterated.

No injury ever followed, nor did suppuration set in, and though veins might have been touched, the entrance of ozone into the bloodvessels never showed any bad influence. Where detrition and ichor have already taken place, such surfaces must be scratched out, the thermocautery applied and the field prepared for the injections. Carcinoma is often found in places where surgery is rather difficult, as in the buccal cavity, in the region of the parotid glands, near the eyes, etc. Especially where relapses threaten, the ozone treatment should be steadfastly carried out;



the pain may be greatly diminished by a local anæsthetic. It ought to be also employed in sarcomatous tumors. Tuberculous abscesses yielded several times to such injections and washing out with ozone-water, and as it is a strong and innocent disinfectant, it may be used in erysipelas instead of the carbolyzed injection recommended by Hueter.—*Münch. Med. Wochenschr.*, 16, 1888. S. L.

#### Hypnosis against Neuralgia of the Trigemini.

A young lady suffered for two years daily from most terrible attacks of bilateral neuralgia of the trigemini. She never had been sick, was not anæmic nor hysterical; her menses were regular, and appetite and digestion normal; sleep disturbed only at night from the frequency of the attacks. She especially complained of suddenly appearing intense headache, accompanied by spasmodic pain attacking both eyes, contracting the lids, so that the eyes appeared smaller. Examination of the cranium revealed no abnormality, only at the points of exit of the trigemini on the upper and lower orbital margins pressure with the finger was painful, and sometimes an exquisite attack could be produced thereby. Many physicians, many remedies, and electricity had been tried, and each and all failed. She came now to the seashore for relief, but did not find it. During one of her severe attacks, the thought arose to try hypnotism. She fixed her whole attention on a shining spot (a gold watch), and Dr. Weisenberg made, at the same time, mild magnetic passes from the forehead to the tips of the fingers; she slept for half an hour and awoke perfectly relieved. For two days she was free from pain, the longest pause she ever had, and the next attack was not only lighter, but hypnotism conquered it, and after a few seances she recovered entirely, and as two years have passed without any return, she may be considered cured.—*Allg. Med. Central Zeitung*, 36, 1888. S. L.

#### Cocain saccharinat.

*Cocain saccharinat.* is, according to the *Druggists' Circular*, a combination of cocain with saccharin, and is preferable to hydrochlorate of cocain, which tastes very bitter, on account of its fruity, sweet taste, and may be used for pencilling mouth and throat. It is easily soluble in water, and one gramme of it is equal in its action to 0.8 grammes cocain hydrochlorate. S. L.

#### Piper Methisticum in Toothache.

Almato finds piper methisticum especially indicated where the excessive toothache is accompanied by severe earache, and gives us verifications in some cases. Marie, eleven years old, but small and poorly developed, of nervous excitable temperament, comes to the office with her father, suffering from terrible toothache. Her gums are slightly discolored, and the *right tonsil somewhat enlarged*. The right second upper molar is the criminal from which the pain spreads over the whole right side of the face, *radiates into the ear* with such intensity that the poor child screams, throws itself upon the floor; pain worse at night, despite all medical treatment, no relief and no sleep. She had such attacks, lasting five or six days, sometimes two and three times a month for the last half year. Piper met.  $\theta$  six drops in a glass of water, given frequently during the pain and then at longer intervals, gave great relief. The following day the right face swollen and some pain at the base of the tongue, removed by apis followed by mercurius. She had another but lighter attack, removed by piper met., but no swelling of the face, and this was the last one.

Mercedes, 32 years old, nervous temperament, delicate, soft skin, was confined about three weeks ago, caught cold, had chills, malaria, restlessness, and severe pain on top of head with some fever. Aconite 3 gave some relief, but she complained next morning of severe pain over the whole right side of her face, especially in the teeth and gums of that side. Chamomilla and staphisagria failed, the pain extended now to the ear, so that she screamed and tossed about. Piper met. brought quick relief, but next day the right face was swollen. Apis and pulsatilla.

Theresa B., 16 years old, chloro-anæmic, nervous; caries of molars: had already three extracted, always when the pain became unbearable, ending, usually, in a gumboil and swollen face. She also suffered frequently from amygdalitis, ending in suppuration. Catching cold on coming out of the theatre, all her troubles returned, and were unrelieved by any treatment till piper met. 6 was given. After the third dose the patient felt in her ear the sensation as if a cork were drawn from the neck of a bottle, and immediately was cured.—*Revue Hom. Belge*, November, 1887. S. L.

#### Stomatitis Mercurialis.

Prof. E. Renzi mentions two cases of obstinate stomatitis mercurialis after hypodermic injections of corrosive mercury with iodide of mercury, where he witnessed splendid effects from rinsing the mouth with a 0.25 per cent. solution of corrosive mercury, and keeping up the injections at the same time. He ascribes its beneficial action to its disinfecting power, and advises its use in other forms of stomatitis (scurvy, saturnismus, etc.); 500 cctm. pro die are used of such a solution.—*Allg. Med. Central. Zeitung*, 37, 1888. S. L.

#### Aprosexia in Consequence of Nasal Disturbances.

Hints about disturbances in cerebral functions are already found here and there in literature. Even the layman knows that his mind is not so clear when suffering from an acute coryza, that his head feels heavy and obtuse. It is also well known that keeping the mouth constantly open gives to the face a foolish expression, so that it seems probable that chronic obstruction of the nose disturbs in some manner the cerebral functions. Let a few cases from many elucidate this fact: 1. A boy who went to school for over a year, and could not master the intricacies of the alphabet, in fact, he acted generally foolish. Guyl removed several adenoid tumors which closed up the nasal space, and a week afterwards he knew his A, B, C's, to the astonishment of the doctor and of the teacher.

2. B., 20 years old, suffered from his twelfth year from slight buzzing in his right ear. About three months ago, when preparing for his examination, he observed some vertigo and inability for mental work. He went home, abstained from all studies, but he still forgot what he read. Guyl found chronic coryza, patient sleeps with open mouth, and lower turbinated bones are swollen, one tonsil hypertrophied; the young man breathes alternately only from one nostril, etc. The hypertrophied tonsil was removed, the lower conchæ touched with nitrate of silver, injection in the nose ordered, and he was advised to try to keep his mouth shut during sleep by the aid of a counter-respirator. Two days afterwards improvement began and continued so that the examination was gloriously passed. He remained well.

3. S., another student, suffered from childhood up with chronic coryza, and always slept with his mouth open. Three years ago he suffered from insomnia, with partial loss of thinking power, all of which passed away after a few days. Three weeks ago the same attack returned, with slight vertigo and absolute impossibility to do mental work, or even to read. Guyl found large adenoid tumors in the nose, serous effusion in both tympanic cavities, which never produced tinnitus or hard hearing. The treatment at first, removal of the tumors and Politzer, brought only transitory improvement. The exudation was then removed from the tympanic cavities by paracentesis, the tympana healed kindly per primam, and after two months' treatment he could be discharged cured.

All three cases show that there existed a chronic inhibition of breathing through the nostrils, whose mucous membrane was *materially* altered. *Functionally*, we meet in all such cases a peculiar alteration in the activity of the brain, somewhat similar to amnesia, but differing therefrom, because one cannot forget what one does not know. Characteristic is the loss of power for mental exercise; as this does not arise from any over-exertion. Guyl proposes a new name "aprosexia," to fix attention to something, a fact which we certainly feel from any mental over-exertion.



The question then arises, how do these manifestations of being mentally tired out arise from nasal disturbances, though no fatigue took place? We might think that nutritive disturbances of the nasal mucous membrane inhibit the discharge of lymph from the brain, be it from pressure of the lymph courses, or the inhaled air fails to become moistened, and thus an exhausted state by retention is created, which may produce the same functional disturbances as can be expected from physiological exhaustion.

Such a physiological exhaustion is now-a-days often met with from the over-burdening of scholars in public and private schools, and in all such cases we should not neglect to examine the nose.

Another case: John G. was treated for difficulty of hearing when he was seven years old, and was, after removal of hypertrophied tonsils and adenoid tumors, considered cured. Ten years later, in college, he could not comprehend mathematics, and failed, therefore, of promotion. Nasal treatment was now thoroughly carried out; then mathematics offered no more obstacles to an otherwise industrious student.

All cases of aprosexia so far observed, happened in male patients at about the age of puberty, except in one girl of 17, a student of pharmacy, who could at that time not grasp what she read over and over, nor fasten it on her memory. Aprosexia may sometimes be complicated with neurasthenia, and exacerbations may arise from noxious influences, as malaria, etc.

Remarks: Specific surgery is now the beau-ideal of the old school, and we find therefore, specialists for every part of the body, and many of our own physicians feel inclined to take up this or that specialty; the patient sees clearly that something is done in his behalf, the condemned culprit is spread on the table as the proof of a verified diagnosis, and fame and pecuniary emoluments await the specialist, in whatever branch good luck has thrown him. There is not such a great difficulty to become proficient in a solitary branch, and many a disease which might have been cured by homœopathic remedies, is thus palliatively treated, the local symptoms eradicated, but the cause which produced these local symptoms exists, and may show itself in later years in incurable internal organs. It is an acknowledged fact that many a case of consumption takes its rise from a closed fistula in ano, and though pockets and ulcers are now unmercifully slaughtered, and all on account of these reflex symptoms, it still remains a question whether many such reflex pains would not have yielded to internal medication.

But to go back to our aprosexia: we meet the symptom "open mouth during sleep," according to Allen, in brom., dulcamara, ignatia, lycopodium, plantago; and Lippe gives mercur., opium, rhus, sambucus, sulphur iod.

Brainfag, brain exhaustion is found among: Agaricus, anacardium, argentum nitr., aurum, baryta, calcarea, cuprum, ignatia, gelsemium, lycopodium, opium, picric acid, phosphorus, staphisagria and others.

Lack of memory for letters when reading: Lycopodium.

Lack of memory for what he read: Agnus, ambra., guaiacum, hellebor., lycopod., phos. ac., staphisagria.

Inability to sustain any mental effort: Conium.

Hypertrophy of tonsils: Baryta, calcarea iod., iodium, lycopodium, arsen. iod., ammonium carb., hepar, mercur., nitr. acid, sulphur.

Nose stopped up: Ammon. mur., argent. nitr., arsen. iod., calcarea carb., calc. arsen., calc. iod., fluoric acid, graphites, kali bichrom., kali carb., lycopodium (persistent dryness of the nose, high up, with periodical expulsion of elastic plugs), mercurius, natrum arsen., natrum sulph., nux vom., silica, sinapis nigr., teucrium, thuja, etc., etc.

We might thus keep on spreading before you the wealth of our materia medica. Try, try again, before you apply surgical measures. It is really easier to be a good surgeon than to be a good homœopathic prescriber, and though you may be the former, try to become the latter.—*Allgemeine Homœopathische Zeitung*, 1, 1888.

S. L.

## THE PROCEEDINGS OF THE FORTIETH ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

### FIRST DAY—EVENING SESSION.

The American Institute of Homœopathy convened in its Fortieth Annual Session at the Grand Opera House, Niagara Falls, N. Y., June 25th, 1888. The Rev. G. F. Rosenmueller opened the meeting with prayer, after which the President, Dr. A. C. Cowperthwaite, of Iowa City, delivered his address.

After a brief introduction and passing tribute to those who had died during the year, the speaker proceeded to show, from the records of the recent International Congress, that the science of medicine was not keeping pace with other sciences. The old school are now, as they were one hundred years ago, spending their time in unsuccessful search for the nature and causes of disease, with the supposition that this, once found, they can build upon it a system of therapeutics with fixed and immutable laws. This can never be done for this reason: The old school will never possess a rational system of therapeutics. The speaker referred to the bacterial origin of disease as the popular theory of to-day; but what would it be to-morrow? It would not last long. He then proceeded to warn the homœopathist not to commit the errors of the old school in searching for the nature and causes of disease to the neglect of the fundamental branches of materia medica and therapeutics. Statistics were given, showing the ratio of mortality and duration of diseases under the allopathic and homœopathic methods of treatment, and showing that more patients recover under no treatment at all than under the allopathic, the methods of the latter being worse than useless, actually increasing the mortality.

*The Progress of Homœopathy.*—The progress of homœopathy during the year has been all that could be desired. From every quarter of our own land comes the most cheering intelligence, and from other lands, where barriers existed against medical freedom such as we know, homœopathy is becoming slowly but surely established. Especially have our brethren in Great Britain reason to be encouraged. The outcome of the celebrated discussion carried on through the columns of the *London Times* on the "Odium Medicum and Homœopathy" is gratifying to the homœopathist. It proves the fact, long since known, that homœopathy always comes out triumphant whenever brought before the bar of public opinion. Many evidences are afforded of the growth of homœopathy during the past year, and of the hold that it has obtained in the hearts of the best citizens of the land and the wealthy and intelligent of every community. Notwithstanding these evident facts, we still hear the same cry resounding from the lips of the old school, "homœopathy is dying out!" Dr. Oliver Wendell Holmes gave rise to this chapter of long-continued fiction nearly a third of a century ago, and it has been kept up by less able imitators to the present time. The speaker then proceeded to detail evidences of the growth of homœopathy, and referred to the statement of Dr. Bartholow, at the recent meeting of the American Medical Association, where the latter said that "Homœopathy was dead in Europe and was dying out in this country." This statement, the speaker said, was absolutely false, as homœopathy was never more prosperous in Europe and America than it is to-day, and is continually growing in power and influence.

*Medical Education.*—After referring to the present prevalent system of medical education and the necessity of advancing the standard, the speaker recommended that the Inter-collegiate Committee of the Institute be requested to hold a special meeting at such a time and place as they may agree upon, not in connection with the meeting of the Institute, when they shall formulate and adopt some general and uniform system of medical education, which shall be more comprehensive and rigid in its



character than that now existing, and shall include the following requirements :

1st A good preliminary education, including some knowledge of the classics.

2d. A four years' course of study.

3d. Attendance upon three full courses of lectures, of at least six months each.

The said committee to report their action to the Institute at the annual meeting in 1889. After such report has been agreed upon, any college refusing to adopt the same must be excluded from the Institute, its diplomas not recognized, and no representation allowed it in the Inter-collegiate Committee.

*The Press.*—An appeal was made on behalf of the secular and medical press, the Institute being urged to extend to the members of the press every courtesy and facility possible. The speaker recommended that the law prohibiting the publishing of papers and discussions before they appear in the Transactions be abolished, and favored the election of an officer whose duty it should be to furnish the Associated Press with correct reports of the meeting and secure the publication of the same.

The address closed with a peroration in which was predicted the final victory of the homœopathic law of cure and its adoption by all schools of medicine.

During the delivery of this address the speaker was frequently interrupted by loud bursts of applause, especially marked when he made his eloquent appeal for a higher standard of medical education.

Dr. D. H. Beckwith, of Cincinnati, moved that the President's address be referred to a committee of three. The motion was adopted, and the Vice-President, Dr. N. Schneider, appointed as this committee Drs. D. H. Beckwith, Conrad Wesselhoft and George F. Roberts.

The report of the Treasurer, Dr. E. M. Kellogg, of New York, was next in order. This report showed that the Society was on a sound financial basis and that it was "struggling" with a surplus. The balance on hand from 1887 was \$506.08. There had been received for dues since the last meeting \$3475.08. Among the disbursements during the year were mentioned the printing and binding of the Transactions for 1887, at a cost of \$1741; Treasurer's postage, \$55.08; Secretary's postage, \$320.02; Secretary's salary, \$500; Stenographers' salary, \$379. The balance on hand at the present time is \$550.29. In his supplementary report concerning the Encyclopædia of Drug Pathogenesis the Treasurer said that there was a deficit of \$222.68. The Treasurer's report was referred to an auditing committee, consisting of Drs. O. S. Runnels, F. H. Orme, T. Y. Kinne.

The report of the Executive Committee was presented by Dr. Pemberton Dudley, of Philadelphia.

The Publication Committee reported that the Transactions of 1887 had been published in one volume of 889 pages substantially bound in muslin. When the motion to accept this report was made Dr. Clarence Willard Butler, of Montclair, N. J., asked why it was that certain provings of the Bureau of Pharmacy were suppressed and did not appear in the Transactions.

The report of the Necrologist, Dr. Henry D. Paine, showed that the following members had died during the year: L. M. Kenyon, W. H. Ramsey, William B. Gamble, Adolph Lippe, C. H. Walker, H. B. Clarke, Walter Ward, Titus L. Brown, William M. Zerns, A. P. Hollet, N. R. Seeley, E. W. South, S. H. Keep, E. C. Knight, A. A. Camp and J. M. Drake. The report was accepted and referred for publication. The President re appointed Dr. Paine Necrologist for the coming year.

Dr. T. Franklin Smith, of New York, Chairman of the Bureau of Organization, Registration and Statistics, presented the report of that Bureau. He said that the work during the past year had been very satisfactory. Many societies which have been languishing have revived and put on new life. Our brethren in Minnesota have been rewarded by seeing homœopathy

taught in their State University. The New York College authorities are hard at work raising funds for the erection of their new buildings. The work of obtaining auto-biographical sketches of the members has only been completed in part. The photographic group of all the members of the Institute is rapidly approaching completion, and will be furnished to them at a cost of \$2.50. We now have four national, thirty State, and one hundred and five local societies; twenty-six general and thirty-one special hospitals, with 4769 beds. During the past year 30,832 patients were treated at these institutions; 19,529 were cured, 3608 were relieved, 915 died and 6780 are still under treatment. The death-rate was thus three and one-half per cent. We have forty-three dispensaries, which treated 144,443 patients and made 332,956 prescriptions during the past year. Our colleges had 12,015 students, of whom 390 graduated. Dr. Smith's report was accepted, and the President re-appointed him chairman of the Bureau for the ensuing year.

On motion, the reports of delegates were postponed until the next morning. The local Committee of Arrangements presented its report through the chairman, Dr. A. R. Wright, of Buffalo. The President appointed Dr. Millie J. Chapman to fill a vacancy on the Board of Censors, after which the Institute adjourned until the following morning.

## SECOND DAY.—MORNING SESSION.

The report of the Committee on Railroad Fares was presented by Dr. H. C. Allen, Chairman. The report was accepted and referred. Dr. Lewis Sherman, of Milwaukee, presented the report of the Committee on Pharmacy. He introduced Dr. Conrad Wesselhoef, who read the first paper of the committee, reviewing the work done for the past three years and presenting a tabulated summary of the provings made during the past year. The provings were ten in number, and were so arranged that the reader could see at a glance exactly what symptoms were due to the drug proved and what due to the use of sugar of milk. He found that on the whole the symptoms from plain sugar of milk were as numerous as those from the remedy in the thirtieth potency. Even when the first decimal trituration was used the effects were not as pronounced as one might expect. We find, for instance, that the patients complained of headache, sore throat, urging to stool and diarrhœa, itching and vertigo. These might pass for evidence that the medicine had produced symptoms, had it not been for the contrary evidence of the ten provers who had the same symptoms after taking *saccharum lactis*. While there is no doubt that a portion of the results were produced by the medicine, it is impossible to say which they were. The evidence is not of the kind to solve the question that the committee had been engaged upon. As has been said before, in and out of the Institute, we have again demonstrated that the proving of drugs is much more difficult and uncertain than is generally supposed. In order to arrive at definite conclusions regarding our question another method conducted on different principles will have to be followed. If in the future provings there exist the same incongruities as in the past, the inevitable conclusion must be that the proving is valueless. In future, if provings are to be the basis of our progress, they must be judged by the rule that all the discordant results are to be eliminated and only those retained which agree in a fair majority of provers. This has never been done in precisely this way. The conclusion is that a great deal of useless matter has been confused with that which is useful. To separate the wheat from the chaff is necessary, but no one has pointed out the way to do it. Larger quantities of drugs should be used in proving. At the same time we cannot and dare not give drug preparations to provers without knowing what we are giving; especially is this so if the prover is ignorant of what he is taking. We should, therefore, fall back on tests on the lower animals before and after testing the drug on the human organism. The speaker did not believe that these experiments should be conducted in the clumsy manner usual in the



physiological laboratory, or that the deductions from them should include a description of the changes manifested in the blood-pressure only. We should learn to observe healthy animals; we should learn to produce various forms of disease in them. Then let us treat, say, five of these animals by homœopathic medicine, and let the remainder go untreated. If we find that the former recover sooner than the latter, then we have indisputable evidence that the treatment is of value. The speaker defended himself from the charge that he was slighting the fundamental principles of homœopathy. He said that we can never slight principles by honest investigation.

Dr. Lewis Sherman, of Milwaukee, then presented his paper. He referred to Dr. Wesselhoeft's paper read in 1887, in which he described the effect of long trituration on milk sugar. The inference from Dr. Wesselhoeft's paper was that the darkness in color produced by the prolonged grinding of Dr. Sherman's triturations was due entirely to the effects of the process on the sugar of milk. This Dr. Sherman did not believe, because red triturations became still redder on prolonged grinding. The speaker then proceeded to describe some experiments that he himself had made. 1st. A partially clean porcelain mortar with ten pestles was set in motion empty. There appeared numerous sparks of light, and, after a few revolutions, dark rings were found in the mortar along the tracks of the pestles. On rubbing the finger over the streaks, there was collected a fine gray powder, which did not increase in quantity as trituration was continued. 2d. The mortar and pestles were carefully cleaned, the machinery was set in motion as before, and sparks came as before, but no dark streaks were formed. 3d. A few grains of milk sugar were then sprinkled in the mortar in the tracks of the pestles while the mortar was in motion. The sparks appeared and the powder became dark. 4th. Another porcelain mortar with seventeen pestles was cleansed, and there were placed in it 50 grains of sugar of milk for each pestle. At the end of several days' grinding the milk sugar was found as it was in the beginning. There were no sparks observed in this experiment. 5th. In another mortar was placed a quantity of sugar of milk like the last, and the grinding was proceeded with in exactly the same way, except that more pressure was exerted on the pestles. Again sparks and rings and the dark powder appeared until the milk sugar was discolored. 6th. As a comparison to the 56 hours' milk sugar trituration, Dr. Sherman prepared a batch of material for cuprum metallicum one one hundredth (1-100). Seventy grains were used to each pestle, and were left to be ground until each one hundred grains had received the equivalent of 32 hours' work. The product was a dark-gray or slate-colored powder like the trituration of copper shown at the time of the previous report of the Bureau of Pharmacy. The speaker concluded that the darkening of the milk sugar was produced by the charring of the sugar by the sparks from the mortar. By using the milk sugar in large quantity and keeping off undue pressure from the pestles discoloration was prevented.

Dr. Burgher offered an explanation for the non-appearance of the provings of the Bureau of Pharmacy in the last volume of the Transactions, and on motion of Dr. H. C. Allen they were ordered to be published in the Transactions for 1888.

The President then appointed the following Committee of Pharmacy for the ensuing year: C. L. Cleveland, M.D., Chairman; T. F. Allen, M.D., W. Y. Cowl, M.D., E. M. Howard, M.D., and A. R. Wright, M.D.

A letter expressing his regret at his inability to attend the meeting was received from Dr. Lilienthal, of San Francisco, and on motion, a congratulatory telegram was sent him on having celebrated his fiftieth anniversary as a doctor of medicine.

The addresses of Drs. B. F. Dake and Geo. B. Peck, Chairmen of the Bureaus of Pædology and Obstetrics, respectively, were then delivered.

The Institute then adjourned, and the Bureau of Pædology held its sectional meeting.

## BUREAU OF PÆDOLOGY.

The first paper read in the section of pædology, was that by Dr. Clarence Bartlett, of Philadelphia. Its title was "Remarks on Reflex Influences in the Ætiology of Certain Disorders of the Nervous System." The author protested against the too common habit amongst physicians of attributing certain nervous diseases, such as epilepsy and chorea, to local irritation. He did not, however, deny that these diseases could be produced by local irritation, but he did claim that such cases were rare. He objected also to the reporting of cases of epilepsy as cured, at a time too early to be able to say that a cure had certainly been effected.

The paper of Dr. C. H. Goodman, of St. Louis, owing to his absence, was read by title. Dr. C. D. Crank then read his own paper on "Infantile Spinal Paralysis; Cases with Treatment," after which he read Dr. Lilienthal's paper on the same subject. Next, Dr. Crank read the paper of Dr. William Owens, of Cincinnati, on "Post-diphtheritic Paralysis." The final paper of the Bureau was by Dr. R. N. Tooker, of Chicago, which also treated of the subject of post-diphtheritic paralysis. The author believed that this disease is a limited neurasthenia.

Dr. M. W. Van Denburgh, of Fort Edward, N. Y., called attention to the point raised in Dr. Tooker's paper that cases of diphtheritic paralysis showed a tendency to recover spontaneously. That being so, he thought we could depend but little on the effects of treatment. He had had but one case of post-diphtheritic paralysis. In that one, the attack of diphtheria followed getting overheated in a skating-rink. The patient was a boy, five years of age. The membrane invaded the nostrils. About two weeks after his apparent recovery he began to look cross-eyed, and if he attempted to swallow anything solid it had to be pushed back into the throat. In the course of another week, paralysis of the arms and legs developed. The paralytic symptoms lasted nearly two months.

Dr. C. G. McDermott believed that Dr. Van Denburgh would have accomplished more, had he given his case gelsemium. He had had one case of diphtheritic paralysis, in which the patient could neither walk nor see, and that remedy cured promptly. In cases where the paralysis begins in the legs and works upwards, *conium maculatum* is the remedy.

Dr. Tousley said that he thought the tendency of diphtheritic paralysis to recover was not sufficient ground for refusing to recognize the value of homœopathic remedies. He thought it was the experience of every physician that these cases recovered more quickly after the proper remedy than without it. Referring to Dr. Bartlett's paper, the speaker said that Dr. Bartlett placed but little dependence upon reflex influence as a factor in disease, and yet he contradicts himself by stating that circumcision frequently affords temporary relief in these cases. He thought that if this operation would produce even temporary relief, it ought to be a valuable measure. He did not believe in waiting three years to call epilepsy cured.

Dr. C. D. Crank asked Dr. Bartlett if he had read the statistics given by Dr. Barwell, in which it was claimed that many cases of hip-joint disease were associated with phimosis? Regarding Dr. Owens' statement that post-diphtheritic paralysis is preceded by a rise of temperature, the speaker expressed disagreement.

Dr. Bartlett asked Dr. Tousley if he had ever cured a case of epilepsy by the removal of local irritation of any kind?

Dr. Tousley replied that he had not.

Dr. Bartlett then asked the members of the Institute if any one present had ever cured a case by such means. In answer to this he received one reply, the physician reporting the case stating that the disease was of seven years' duration, and that since the cure of the phimosis, the fits had remained away, now over three years ago. Dr. Bartlett then continued, and said that in over fifty operations for phimosis in the Children's Homœo-



pathic Hospital in Philadelphia, no cases of nervous disease in children were cured thereby. He then criticized the theories of Dr. Stevens, of New York, who claims that all functional nervous diseases are due to eye-strain. Dr. Bartlett had carefully examined a dozen or more cases of epilepsy for insufficiency of the ocular muscles, according to Dr. Stevens' methods, and had thus far failed to confirm his observations. He thought that Dr. Stevens' cases were reported too soon after the operation. In these opinions he felt that he was in agreement with most neurologists and ophthalmologists of the day.

Dr. A. H. Dills asked if any one present had known of post-diphtheritic paralysis that did not recover? Dr. Crank replied that he knew of one case that had existed three years and was not yet well.

Dr. Harold Wilson said that he had carefully read Dr. Stevens' book, and thought his theories worthy of careful attention. He felt certain that muscular irregularities of the eye were a prolific cause of nervous disease. He said also that ophthalmologists failed to confirm Dr. Stevens' results, because they did not follow that observer's peculiar methods.

Dr. Sheldon Leavitt said that he was in accord with Dr. Bartlett's views. Too much emphasis had been laid on special operations for the cure of neuroses. His friend, Dr. Pratt, of Chicago, recommends the removal of fringes and pockets from the rectum for the cure of almost all nervous diseases. This the speaker believed to be a mistake. He thought, however, that this operation of Dr. Pratt's might be of benefit at times. He then related the case of a lady of nervous temperament who lost her reason after sustaining a severe fright. For many months she was in a state of raving madness, notwithstanding most skilful treatment. When she came under Dr. Leavitt's care, he proposed to the relatives this operation of Dr. Pratt's. The operation was performed, and the patient soon began to improve and finally recovered. The speaker believed that phimosis is the normal condition in the vast majority of babies.

Dr. J. C. Wood said that none of us would doubt that local irritation could cause various nervous symptoms. In children who were unduly cross or peevish, it was his custom to examine the prepuce. If this was found irritating, he believed that its removal would invariably cure the child. If such irritation produced indefinite nervous symptoms, why might it not produce epilepsy? He said that it was far more important to prevent epilepsy than to wait until the disease had developed to cure it. After epilepsy has developed from local irritation operative interference often fails to cure.

Dr. C. B. Adams, of New Haven, related a case that confirmed Dr. Bartlett's views. The patient was a young man, 18 years old, who had convulsions every few days. In one of these attacks he fell down stairs and broke one fore-arm and clavicle. After setting the bone there were no epileptic convulsions for over four months. This cessation of the attacks the speaker believed to be the direct result of the shock sustained by the injury. With regard to the operation for the cure of phimosis in children he said that he had observed a large number of cases, and had failed to see that there was any benefit from the same unless decided irritation was present. In post-diphtheritic paralysis he had found causticum a very valuable remedy.

Dr. Van Denburgh said that the members had misunderstood him as decrying the value of remedies. He merely wanted to know how we are to tell that the remedies cure more rapidly than nature. He suggested that the relief of nervous diseases by operations for the removal of local irritation might be due not to the operation, but to the anæsthetic employed.

Dr. L. A. Phillips said that in cases of diphtheria where the prostration was marked, there was a greater tendency to paralysis. He thought, therefore, that attention to nutrition and stimulation was of the greatest importance.

Dr. C. S. Hoag said that it is not always the most severe cases of diphtheria that are followed by paralysis, for that complication might ensue after very mild attacks. Like Dr. Crank, he had failed to observe a rise of temperature preceding the paralysis.

Dr. H. K. Bennett related four cases of post-diphtheritic paralysis in which death resulted from paralysis of the heart and lungs.

Dr. Jane E. Culver expressed an opinion that nervous diseases of children might be modified by careful attention to nutrition. She was a firm believer in the value of the administration of concentrated nourishment.

This closed the discussion, and the Institute adjourned until 3.30 P.M.

#### AFTERNOON SESSION.

The Institute was called to order at 3.45 P.M. The President announced that he had appointed Dr. L. C. Grosvenor Chairman of the Bureau of Pædology for 1889. Then followed a report of the Board of Censors, after which the following physicians were elected to membership in the Society :

Francis M. Bennett, Chicopee, Mass.; John M. Bandin, Mansfield, Pa.; Charles E. Thayer, Minneapolis, Minn.; Peter Cooper, Wilmington, Del.; Neidhard H. Houghton, Boston, Mass.; George H. Talbot, Newtonville, Mass.; John C. Nottingham, Bay City, Mich.; Z. T. Miller, Pittsburgh, Pa.; W. R. King, Washington, D. C.; Edgar C. Parsons, Meadville, Pa.; G. R. Southwick, Boston, Mass.; J. H. Knox, Augusta, Me.; B. F. Bailey, Lincoln, Neb.; E. B. Finney, Philadelphia, Pa.; C. S. W. Thompson, Helena, Mont.; J. M. Reeves, Philadelphia, Pa.; F. O. Hart, West Unity, Ohio; W. C. Powell, Bryn Mawr, Pa.; William W. Heberton, South Orange, N. J.; John H. Defendorf, Williamstown, Mich.; Thomas Stewart, Cincinnati, Ohio; H. C. Clarke, New Bedford, Mass.; J. R. Holcombe, Philadelphia, Pa.; Genevieve Tucker, Northfield, Minn.; William C. J. Slough, Emaus, Pa.; John M. Lee, Rochester, N. Y.; Sarah J. Lee, Rochester, N. Y.; R. R. Trotter, Yonkers, N. Y.; Charles B. Gilbert, Washington, D. C.; Amsden E. Wheeler, Los Angeles, Cal.; P. S. Boyd, Nashville, Tenn.; F. W. Clarke, Salem, Ohio; Henry B. Minturn, Brooklyn, N. Y.; George O. Welch, Westboro, Mass.; Mary L. Compton, Allegheny, Pa.; Albert B. Connell, Kalamazoo, Mich.; H. C. Aldrich, Minneapolis, Minn.; C. A. Howell, Westerville, Ohio; Lyman R. Palmer, Minneapolis, Minn.; H. B. Wilson, Detroit, Mich.; John Dietrick, Youngstown, Ohio; F. M. Humphrey, Danielsville, Conn.; W. B. Whiting, Malden, Mass.; O. D. Baldwin, Cleveland, Ohio; J. R. Simpson, Tonawanda, Pa.; William E. Bilbank, Albany, N. Y.

The address from the Bureau of Surgery was next read by the Chairman, Dr. John E. James. Dr. Charles M. Thomas read a paper on "Wounds of the Intestines," and Dr. J. H. McClelland one on "Obstructions of the Intestines." The discussion was opened by Dr. O. S. Runnels, of Indianapolis, who spoke of a case of gun-shot wound of the abdomen that he had treated. In this case it was the opinion of the surgeon in attendance that the intestines had not been perforated, as there was no direct evidence, such as the appearance of fecal matter in the wound or blood by the mouth or rectum. He therefore decided to follow the expectant plan of treatment. There was evidently no perforation of the intestines and the case made a perfect recovery. It is not a common thing for the general practitioner to meet such cases as this: it is much more frequent for them to meet with cases of obstructed bowel. He himself had had five cases, the first of which was unique. It happened in the early part of his practice, and came under treatment after obstruction had existed for four days. The patient was dying. Post-mortem examination showed the ilio-coecal valve to be on the left side instead of on the right. Three or four cases of intestinal obstruction he had succeeding in relieving (and the sooner this is done the better) by using injections sufficient to distend the bowels to the utmost, and in a few cases after efforts of that kind prompt relief was obtained.



Dr. N. Schneider said that the treatment just given by Dr. Runnels would do for non-inflammatory obstruction from fecal matter or foreign substances in the bowel, but it would be very bad treatment for inflammatory obstructions. In the latter case, the sooner the operation is performed the better. Bowel obstruction is known by the train of symptoms which generally accompany it. They are nausea, vomiting, etc. We should give the bowel rest by administering opium in full doses, which will not interfere with the administration of the homœopathic remedy to relieve the inflammatory condition. The remedies that he used were colocynth, veratrum and camphor. The speaker believed that the pulse was a very important guide in the treatment of these cases. He did not think that the thermometer gave very much information. He had seen cases of peritonitis in which there was very little or no rise of temperature, but when the pulse became weak and thready the quicker the operation is performed the better. Regarding the point made in the first paper, in which antiseptic methods were advised, the speaker said that he was not a believer in the doctrines of antiseptic treatment. What he understood by antiseptics was cleanliness. He would just as soon use clean water as antiseptics. If germs cause suppurative peritonitis he thought there must be some state of the system that invited such a condition.

Dr. Scott B. Parsons, of St. Louis, told of a case of a gun-shot wound where he did nothing, leaving the patient to nature, and recovery followed. The intestines very frequently escape injury in gun-shot wounds of the abdomen. Bullets frequently go through the abdominal cavity without perforating the intestines. Perforation of the intestines may often be caused from injury without extravasation into the peritoneal cavity or hæmorrhage by the mouth or rectum.

Regarding the diagnosis of intestinal perforations, he referred to the experiment made by Dr. Senn, of Milwaukee. The speaker had repeated this experiment on one dog. He stabbed the dog with a broad-bladed knife, introduced gas into the rectum, and yet he found that there was no discharge of gas at the wound, although it did come out from the dog's nose. He then killed the dog and found that the knife had penetrated the intestines, but that the edges of the wound had gone together in such a way as to prevent the gas confined in the intestines from escaping.

Dr. Charles E. Walton wished to mention the unreliability of the symptom mentioned by Dr. Thomas, that tympanitic resonance over the liver was a pathognomonic symptom of intestinal perforation. The case in point was that of a gun-shot wound of the abdomen which was followed by tympanites. In two weeks' time the patient was well. The speaker also called attention to the unreliability of the injection of gas and mentioned an experiment of his in which fecal distention of the bowel prevented the success of the experiment. In cases of intestinal obstruction he believed that laparotomy was a very important measure for diagnosis, and the sooner it was done the better. The time will come when the surgeon will open the abdomen with as little hesitation as he now looks into his patient's throat. The speaker believes that water is very important for antiseptic purposes; but students should be taught that it is necessary to use carbolic acid and other antiseptics in order to make them pay attention to proper cleanliness.

Dr. R. Ludlam said that it is only when peritonitis becomes septic that the thermometer is worth anything as an indication of the condition of the patient, a sub-normal temperature revealing the onset of serious results. The pulse is the best and most constant symptom. When you have the rapid and filiform pulse, peritonitis has appeared. He agreed with Dr. Walton regarding antiseptics. It was the dirty fingers of the surgeon that carried infection in early times. Instruments should be placed in boiling water and afterwards thoroughly heated in an alcohol flame. This he thought better than any antiseptics. He warned physicians against carrying their instruments in dirty satchels.

Dr. Alonzo Boothby said that the previous speaker had only mentioned

the infection of wounds by the fingers of assistants and by instruments. He would call attention to infection from the atmosphere. He thought that it was impossible to say when the air was free from germs and when it was not. Serious results from infection from this source can only be avoided by the use of antiseptics to the wound after the operation is completed. He said also that the speakers who preceded him had only been reporting the ten per cent. of cases that recovered under the expectant plan, to the utter neglect of the ninety per cent. that proved fatal. Regarding the experiments of Drs. Parsons and Walton, he said he thought we would find when more than two dogs had been experimented upon that Dr. Senn had opened up a big field in the diagnosis of intestinal perforations.

Dr. J. K. Warren said that he believed hot water to be the best antiseptic.

Dr. L. H. Willard believed that laparotomy was an important treatment for gun-shot wounds of the abdomen. When he was a medical cadet during the war he had four cases of gun-shot wounds similar to that of President Garfield, and that they all died without any operation having been performed. He thought, therefore, that in these cases the abdomen should be opened.

Dr. J. W. Hayward asked if it was necessary to be satisfied that the abdominal viscera had been injured before operating? It seemed to him not. It is a well-known fact that ninety per cent. of the wounds of the abdomen that occurred during the war were fatal. It is fair to suppose that some of these penetrated the viscera and some did not. Now what is the proper course for us to pursue? He thought that the abdominal cavity might not have been penetrated in all the cases presented by the speakers. It is a well-known fact that in cases of laparotomy, where the toilet of the peritoneum is well attended to, from ninety-five to ninety-nine per cent. recover, whereas if any clots of blood are left behind a large per cent. will die. That is to say, recovery depends upon the toilet of peritoneum. If, therefore, we are satisfied that the abdominal cavity has been penetrated, is it not better to perform laparotomy at once and attend to the toilet of the abdomen only if we find that there is nothing else required? If there is anything else necessary, that should be attended to also.

Dr. H. Packard said that there were two matters to which he would draw attention. One was that every operating room should have a sterilizing tank in which instruments can be disinfected. Another point was the use of cold water, not for the destruction of bacteria, but to stop their germination. It is only the germination of bacteria that we have trouble with. If there are a few included in the wound through imperfect dressings the vital forces of the tissue are sufficient to carry them off. For this purpose he used cold water by means of a coil on the abdomen and it gave wonderful relief to the patient.

Dr. Charles M. Thomas, being called upon to close the discussion, said that he would first take up the question as to when laparotomy is to be performed. It seemed to him that reference to his paper would furnish the indications as to this point with fair exactness. As to determining whether penetration has occurred, that may be done by simply following the wound until you get to the peritoneum, and, if the peritoneum be intact, perforation has not occurred. If we find a hole in the peritoneum, what shall we do? Some here have said wait until extravasation of fecal matter occurs, for that is what kills. Others have said: so soon as we find penetration of the abdominal cavity, go on and open that cavity, and make a good toilet of it. This will do no harm, and may do much good. The speaker emphasized his statement that peritoneal perforation, if not associated with injury of other organs, does not justify opening the peritoneal cavity. But we must be sure that the viscera are not injured. If we do interfere, we must interfere immediately. If we delay, then "Hands off." We will, by operating late, do more damage by our interference and by working in the



matted intestines than we can do by leaving the case to nature. It passed his comprehension, how those present were willing to operate under such circumstances. He had been unfortunate enough to open the abdomen in the presence of peritonitis, and he had found it impossible to tell "head from tail," or to do anything. He did not think it was right to wait until fecal extravasation had occurred, as it was one of the objects of the operation to prevent that accident. Another point mentioned in the discussion, to which he took exception, was the statement that one of the most important symptoms inducing one to operate in cases of peritoneal injury, is collapse. It had been said that collapse will tell us when the abdomen is injured. The speaker thought this was a mistake. In the first place, we may have serious abdominal injury without collapse. On the other hand, we may have marked collapse without any rupture of the intestines, simply from the injury to the abdominal nerves. So he would emphasize that shock, really, cannot be depended upon; it varies too much. With reference to the point of diagnosis as to the presence of tympanitic sound over the region of the liver as indicating intestinal perforation, he had said that symptom should be looked upon as pathognomonic. That has been met by the relation of a case in which the area of liver-dulness was obscured by tympanites, and the patient got well. The speaker believed that penetration had occurred, and gas had found its way into the peritoneum and had produced this dissension. This proved nothing, as it might have been one of the 10 per cent. that recover without treatment. In closing, the speaker asked: What was the position of the homœopathic surgeons present, as to the use of antiseptics? He had been unable to make up his mind from their remarks whether they used them, or whether they did not. Some have spoken strongly against them, and some slightly in their favor. He said that he must confess that he would not feel safe in using hot water alone.

Dr. J. H. McClelland, in closing the discussion, said, that when he opened the abdominal cavity or an important joint, he invariably used a bichloride spray. He has the hands of himself and everybody about the operation bathed in the bichloride. As to ripping open the abdomen to find out about every pain there, he doubted if it would ever become safe practice. He did not think that fecal vomiting necessarily calls for operation.

### THIRD DAY.—MORNING SESSION.

The Board of Censors reported the following applications for membership: Thomas Reading, Pittsburgh, Pa.; Edward P. Strong, Brewster, N. Y.; W. B. Robinson, Southampton, Mass.; George W. Weston, Newburyport, Mass.; Helen Krogstall, St. Paul, Minn.; D. W. Honning, Lake City, Minn.; Alfred Halford, Ansonia, Conn.; Henry A. Whitmarsh, Providence, R. I.; D. C. Fowler, Aberdeen, Dakota; E. B. Smith, Union City, Pa.; S. D. Hinman, Sparta, Mich.; S. B. Simmons, Susquehanna, Pa.

The Auditing Committee reported that they had examined the Treasurer's accounts and found them correct.

The reports of the Committees on Medical Literature and Foreign Correspondence were received and accepted. The Committee on the International Pharmacopœia next reported through Dr. Lewis Sherman, Chairman, as follows: Your Committee, which was appointed to confer with the American members of the Pharmacopœia Commission of the World's Homœopathic Convention with reference to the preparation of an international pharmacopœia, beg leave to report that, owing to the prolonged absence in Europe of Dr. Walter Y. Cowl, it has not yet been possible to secure the desired conference with that commission. We would further report that, in pursuance of the instructions given in the resolution authorizing our appointment, we have examined the British Pharmacopœia with reference

to its adoption by the physicians of the United States and other countries outside of Great Britain. We find this to be a book of great merit. We especially commend the care taken in the tincture-making processes and the recognition of the effect of the natural plant moisture in lowering the alcoholic strength of the fresh-plant tincture; and the prescription of alcohol of different strengths, for the preparation of different drug tinctures, and the general accuracy of detailing descriptions of drugs. We are instructed to suggest such changes as will improve the work and adapt it to use in this and other countries outside of Great Britain. Among the changes which we would suggest are the following.

1st. Substitution of the name dilution in place of tincture for attenuated liquid preparations.

2d. The use of distilled water as a standard of comparison between weights and measures. This would bring our system in harmony with the French decimal system and greatly simplify the description of processes and would add ten per cent. to the strength of the tinctures. Instead of the minim, we would write grain measure as in the description of volumetric analysis.

3d. The use of glass-stoppered bottles for distilled water.

4th. The introduction of alcohol of specific gravity .820, which is now the standard grade in the United States, being the highest obtained by distillation without the use of chemicals.

5th. The authorization of the decimal scale of notation, which is now in such general use.

6th. The omission of reference to the therapeutic activity of certain preparations. We think such reference out of place in a work of this character.

7th. The introduction of maceration as a tincture-making process alternated with percolation.

8th. Making dilutions to correspond in medicinal strength with triturations of the same numbers, instead of making them eleven one-hundredths as strong.

9th. Limitation of the sign  $\theta$  to denote the strongest pharmacopœial preparation.

10th. The use of the sign 0 (zero) to denote the original substance.

11th. The authorization of the single vernacular name for each medicine.

12th. The alphabetical arrangement of the caption name of medicines in a single series. This is merely to facilitate reference.

13th. The simplification of the processes of trituration and the requirement of a longer time to the given quantity of the finished product.

On motion, this report was accepted, and ordered to be published.

Dr. I. T. Talbot then offered the following resolution:

*Resolved*, That a committee be appointed, to consist of twelve members, six of whom shall be pharmacists, whose duty it shall be to prepare a pharmacopœia which shall bear the authoritative sanction of this body; that this committee be instructed to confer with the Pharmacopœia Committee of the International Homœopathic Convention, held in Switzerland 1886, and with committees who may be appointed for the same purpose by foreign societies, the intention being to make the work, if possible, international in character; that this committee be instructed to use as a basis the British Homœopathic Pharmacopœia, due weight being given to other pharmacopœias, and to obtain the fundamental facts, as far as possible, from original sources; that this committee shall be empowered to fill vacancies in its members caused by death or resignation.

On motion, the resolution was adopted, and the President appointed as this committee, Drs. Lewis Sherman, J. Williamson Clapp, F. E. Boericke, Henry M. Smith, J. E. Gross, William Boericke, J. P. Dake, Conrad Wesselhoeft, A. C. Cowperthwaite, T. F. Allen, Malcom Leal and H. R. Arndt.

The address of the Bureau of Ophthalmology, Otology and Laryngology



was next in order, but the chairman, Dr. Joseph E. Jones, was absent, and had delegated Dr. B. W. James to act for him. The latter delivered a few extemporaneous remarks on diseases of the eye.

The address of the Bureau of Gynæcology was next delivered by Dr. Philip Porter, of Detroit, Mich., after which the Institute went into sectional meeting to listen to the report of the Bureau of Gynæcology.

The subject for discussion by the Bureau of Gynæcology was "Uterine Therapeutics." The first paper was by Dr. O. S. Runnels, and was entitled "Changes in the Form and Position of the Uterus, Treatment, Extra-Medicinal." He was followed by Dr. G. R. Southwick, of Boston, who discoursed on the "Remedial Indications for Diseases of the Uterus." Dr. J. C. Wood, of Ann Arbor, read the paper by the chairman of the Bureau on "Pathological Indications for Neoplasms of the Uterus." The final paper of the Bureau was by Dr. E. M. Hale, in which the author treated of the remedies used in subinvolution of the uterus. Dr. L. L. Danforth, of New York, opened the discussion on the report, after which the section was obliged to adjourn, owing to the lateness of the hour.

#### AFTERNOON SESSION.

Sectional meeting of the Bureau of Ophthalmology, Otology and Laryngology was held at 3 P.M.

Dr. A. M. Cushing, of Springfield, Mass., read the first paper, which was entitled "Complicated Cases and Suggestions." The essayist described two cases of eye trouble he had treated. The first was one of acute conjunctivitis complicated with partial closing of both lachrymal ducts, which had been probed twice a week without benefit. The patient received calcarea and silicea, and in a few weeks the trouble disappeared. The speaker then proceeded to call attention to an unused remedy in diseases of the eye, and that remedy is mephitis. This, when applied to the eye, produced a severe burning pain in that organ. He told of a case in which the accidental instillation of this substance into the eye had a wonderful effect in improving sight.

Dr. F. Park Lewis then read a paper entitled "The Eye as a Factor in Functional Nervous Diseases." He gave a review of Stevens' observations on this subject, and then proceeded to relate some cases which would seem to confirm Dr. Stevens' idea. In closing his paper he described the following cases:

Miss G., aged 45, came to him in January last, bringing an introductory letter from Dr. J. T. Cook, of Buffalo. She could not remember when her eyes were not painful; had always been obliged to hold objects close to the eyes in order to see clearly; complained of pain in the back of the head, which at times became very severe; frequent wakeful nights; great nervousness, with dread of going anywhere or seeing any one, and gradual increase of all these symptoms. An examination revealed a myopic astigmatism, for which concave cylinders of one-half a dioptric each and at a proper angle were prescribed. There was also a difference in the height of the planes of the eyes, of 1° (left hyperphoria) and a difference in the planes laterally of 5° (exophoria). The cylinders prescribed were tried for a month, but without affording the least relief, rather causing discomfort. On the 9th of February, the left superior rectus was tenotomized, lowering the eye to the extent of 1°. The relief was almost immediate. Without further operation, the interni gradually grew stronger and by the 13th of April the exophoria had entirely disappeared. The glasses could then be used with perfect comfort. The nervous symptoms have now almost entirely gone, and the general health is better than it has been in years.

CASE II. Mrs. N., aged 38, has been a confirmed neurotic for years; has worn lenses for hypermetropic astigmatism which he himself had prescribed ten years before (with the glasses her vision was perfect). Has nevertheless

had difficulty in using the eyes for five minutes at a time. The following have been among her more prominent symptoms: Incessant pain in the back of neck, at the base of the brain; sensation as if ice-cold water were being poured over the head; ringing and rushing sounds in ears, with beating and pounding in the head sufficient to almost drown her own voice; most intractable insomnia, for one entire month getting no sleep excepting by the use of strong doses of opium and chloral; catching of breath and gasping as if she could never breathe again; excessive palpitation of the heart so as to jar the whole body, and prevent her from climbing an ordinary flight of stairs without stopping several times to rest, but without any organic heart lesion; a sudden noise would startle her so that she would tremble for half an hour; a fluttering and sensation of weakness in the abdomen which could only be controlled by wearing a tight bandage; great pain in back, bearing down sensation, with aching extending to the knees. Her physician diagnosed a passive congestion of the uterus, which he considered dependent upon a depressed nervous condition. She had also numberless other nervous symptoms which would quite warrant this diagnosis. An examination of her eyes developed the fact that there was a difference in height of the planes of the eye of 1° (right hyperphoria), with a turning inward (latent esophoria) of 3°. A tenotomy of the superior rectus lowered the right eye the necessary 1°, and subsequently two tenotomies relaxed the left internal rectus 3°. The result was a complete and almost immediate relief of every one of the nervous symptoms.

Dr. Arthur B. Norton opened the discussion of Dr. Lewis' paper, and said that in many of these cases of heterophoria an operation was not necessary, because the difficulty could be corrected by exercise of the affected muscles.

Dr. H. K. Bennett asked Dr. Norton to describe his method of exercising the muscles.

Dr. Harold Wilson said that hyperphoria was a congenital condition in which there was a difference in the two eyes. We might examine many apparently healthy persons, it is true, and find a deviation of one or two degrees. He did not think, because they have this condition and no trouble, that invalidates Dr. Stevens' observations, for he thought young persons with such trouble, if kept under observation long enough, would be found to have nervous trouble resulting from the muscular difficulties. He believed that an operation would affect a more permanent cure than would exercising of the muscles and internal treatment.

Dr. A. B. Norton, replying to Dr. Bennett's question, said that he used spectacle-frames containing prisms, which the patient put on in his office and wore until the images were fused; then the strength of the prisms was increased, as often as the patient's eyes would permit, for about fifteen minutes. He generally had the patients come to the office about three times a week.

Dr. F. Parke Lewis, in response to the request of Dr. J. C. Morgan, proceeded to describe the technical terms involved in the study of insufficiency of ocular muscles.

Dr. E. Hasbrouck expressed himself as pleased that Dr. Lewis had brought this subject before the Society for discussion. He himself could not go to the extreme that Dr. Stevens had, for he had seen many cases of muscular insufficiency, with the system below par, in which the recovery from the constitutional trouble was followed by improvement in the condition of the ocular muscles. He also thought it wise to try the effect of glasses and prisms before resorting to operation.

Dr. Harold Wilson then exhibited a pouch made of linen which he had devised for the purpose of carrying his eye instruments. The advantages he claimed for this pouch were its extreme cheapness and the certainty that it was always clean. He also exhibited a small apparatus for the purpose of cleansing eye instruments. He presented to the Society some colored blanks he had devised for the recording of ophthalmoscopic examinations.



Dr. Wilson then read his paper, entitled "Reform in the Measuring and Recording of Vision."

He expressed regret at the lack of uniformity among oculists in the matter of testing and recording visual acuity. He suggested that the decimal system of notation be adopted instead of those now in vogue. He also recommended, to secure uniformity in testing vision, that artificial light be employed.

Dr. B. W. James, of Philadelphia, then read a paper on corneitis, and Dr. H. K. Bennett one on irido-cyclitis.

Dr. Harold Wilson, in discussing Dr. Bennett's paper, expressed himself as favoring evisceration of the eyeball to enucleation in cases of panophthalmitis.

Dr. J. C. Morgan, of Philadelphia, did not believe in enucleating the eye. He would first try ferrum phos., kali mur. or kali sulph.

Further papers were read by title, as follows: "Results of Acute Diseases Affecting the Pharynx and Larynx," by H. H. Crippin, M.D., of San Diego, Cal.; "Acute Inflammation of the Throat and Ear, Following the Removal of Nasal Polypi," by Edward B. Hooker, M.D., of Hartford, Conn.; "Complications and Sequelæ of Corneal Ulcerations," by E. H. Linnell, M.D., of Norwich, Conn.; "Local Treatment of Ocular Conjunctivitis," by H. C. French, M.D., of San Francisco, Cal.

Then Dr. A. B. Norton read the following papers: "Treatment of Conjunctivitis Vernalis," by George S. Norton, M.D., of New York, N. Y.; "Treatment of Tonsillitis by Puncture," by W. J. Harris, M.D., of St. Louis, Mo.; "Acute Hæmorrhagic Inflammation of the Middle Ear," by Charles Deady, M.D., of New York, N. Y.

The section then adjourned.

#### SECTIONAL MEETING IN OBSTETRICS.

The Bureau of Obstetrics was convened in the large hall promptly at 3 P.M., whereupon the chairman, Dr. George B. Peck, of Providence, R. I., read "Typhoidal Complications," by Edward P. Scales, M.D., of Newton, Mass. The only discussion which ensued upon this paper was by J. B. Gregg-Custis, M.D., of Washington, who related his experience touching the matter under consideration.

Following this the chairman read "Cardiac Complications," by L. P. Sturtevant, M.D., of Conneaut, Ohio.

Dr. Phillips gave one experience which he had had relating to the advisability of preventing marriage and child-bearing in those having organic heart trouble. Within the year he had had a child die, one apparently healthy in all particulars, without a moment's warning. On closer questioning of the mother, it was elicited that in her earlier years, about the time of puberty, she had suffered severely with heart complications. The peculiar feature of this case was that as soon as the child died the mother developed a decided valvular disease of the heart and is now herself in a precarious condition.

Dr. Sheldon Leavitt, of Chicago, then presented his paper on "Surgical Complications of Pregnancy."

Dr. L. C. Grosvenor, of Chicago, was interested in the cases cited, but in the matter of abortion it recalled to his mind a case he met with a year or two ago of miscarriage in the seventh month, with regular pains, os regularly dilated, foot presentation. He gave her svapnia, or Bigelow's purified opium, and not only arrested the miscarriage for the time, but succeeded in carrying her to full term, when the vertex presented. In regard to the use of chloroform, he had used it extensively and always with good results. He preferred it to ether, and did not believe it predisposed to hæmorrhage.

Dr. Southwick, of Boston, differed from the last speaker in that he preferred ether.

Dr. Emily V. D. Pardee, of South Norwalk, Conn., then read a paper entitled "Nervous Complications of Gestation."

Dr. Leavitt said, in regard to the chorea of pregnancy, that he had had one such case occurring in the sixth month. The patient had been under old-school treatment. She could scarcely lie upon the bed; her writhings and contortions were of the most violent kind. He expected to have a serious time at the labor, but was agreeably disappointed by the chorea disappearing entirely.

Dr. French said he had had two cases of monstrosities, one resembling a mermaid and the other a dog's head, both superinduced by fright sustained by the respective patients and the continued dwelling on the theme until delivery. He argued that it was practically impossible to do anything for such cases.

Dr. Grosvenor believed such women could be helped by the physician if he uses moral force with the patient and takes her mind off the disagreeable topic, having first used the best remedy to counteract the fright.

Dr. Phillips had seen one case of chorea during gestation, and that in the last month of pregnancy. It was confined to the lower limbs and was worse always during sleep, but present night and day. It was cured by cuprum aceticum.

Dr. L. L. Danforth, of New York, recalled to mind a case of pseudo-pregnancy, where there were very marked choreic manifestations of the abdominal muscles. This was mistaken, even by her regular attendant, for pregnancy, the husband declaring that the foetus was "kicking like a mule."

Dr. J. B. Gregg-Custis presented "Placental Complications of Gestation." No discussion followed this paper.

The Chairman read a paper on "Pulmonary Complications," by Dr. T. F. H. Sprenger, of Buchanan, Mich.

Dr. Grosvenor remarked that he had had a case of pneumonia in a pregnant woman in the seventh month; but, by proper attention in time, she was carried to term and safely delivered.

Dr. T. G. Comstock, of St. Louis, had never seen a case of pneumonia under the circumstances narrated by the essayist. He had seen it following abortion in young women. It had been his experience that pregnancy temporarily arrests the disease.

Dr. Peck then called for remarks under the head of "General Considerations," which was responded to by Dr. Grosvenor calling on Dr. Comstock for his experience in placenta prævia.

Dr. Comstock had never seen but two cases of the kind in his large and extended practice, and did not seem overly anxious to meet many more. He was opposed to giving ergot in such cases. He recommended a tampon made of sublimated candle wick. He was also very decidedly in favor of conservative methods in such cases, and rather leaned to the opinion that placenta prævia was treated too much instead of too little.

Dr. Grosvenor had had two cases during last year, one in consultation.

In the one case he fed the patient on Murdock's liquid food to sustain her, but when labor set in such a hæmorrhage supervened as almost to carry her off. He used a soft sponge for a tampon. In the other case he delivered with forceps, by placing one blade through the placenta and the other to one side. The doctor also related a case which had been mistaken by the attending physician as placenta prævia. He said it was the only case of placenta prævia he had ever seen without a hæmorrhage.

Dr. Nickelson, of Adams, N. Y., had had the misfortune to strike a placenta prævia as a young man. He used podalic version and delivered a dead child. This was a case of placenta prævia lateralis.

Dr. Middleton considered the procedure adopted by the last speaker as exceedingly hazardous, owing to the delay in delivering.

Dr. Southwick had a good many cases. He simply punctured the membrane and frictioned the uterus. The two great things to remember are



loss of blood and shock. He would usually turn the child by the Braxton-Hicks method, thus making a natural tampon. Other tampons convey septic infection. Neither was he an admirer of the high-forceps operation. He deemed it exceedingly difficult to perform, and there is not a little danger to the child's head and the mother's soft parts.

Dr. French had lost a case in his early practice, a case of placenta prævia, simply because he was not able to diagnose it in time. When he arrived he failed to touch anything on digital examination, and believed the case not serious. On a later examination he found the head in the right iliac fossa with the two hands presenting.

Dr. Susan Edson, of Washington, had had one case of placenta prævia. For a tampon she used some soft cloths wetted in hot water. She had attended her in previous labors, which had always been normal. She gave a dose of gelsemium and also several doses of caulophyllum, punctured the placenta and delivered the child without the forceps. The child was dead. This patient has since been confined at full term and normally. In another case she loosened the adherent parts on the side and made rapid compression. Here, also, she gave caulophyllum.

Dr. Southwick added that one can always turn before he can put on the forceps, and certainly the application of the forceps was subjecting the patient to needless danger. He believed that it required less dilatation of the os for the purpose of introducing the hand than the forceps.

Dr. Comstock said that instead of tampons, as he had already suggested, he sometimes used Allen's surgical pump.

Dr. J. C. Wood, of Ann Arbor, had had three cases of placenta prævia, and was successful in saving the mother in all the cases, but not the children. He preferred the Barnes' dilators, using several sizes, and he also employed the Braxton-Hicks method of version where practicable. He recommended the use of hot milk in exsanguinated women instead of stimulants, which latter tend only to weaken. He gave as much as a gallon in twenty-four hours.

Dr. Leavitt said, that when the subject of placenta prævia came on for discussion, there seemed to be a proneness of some to relate an excessive number of cases. He had only two cases. He realized that they are exceedingly dangerous and hard to manage. He believed that in simple cases the treatment was to rupture the membrane and allow the liquor amnii to escape, as this will in many cases control the hæmorrhage. It is one thing to perform version with the membranes unbroken and filled, and quite another with them broken and empty. He had never yet seen an occasion for a complete tamponing of the vagina.

Dr. R. C. Allen, of Philadelphia, had also had but one case in twenty years' practice. He had listened to the advice given by the several speakers touching the introduction of hands or forceps into the os; but his case had been one where the os was absolutely rigid. He placed his patient upon the left side, and, on the proper indications, gave ipecac in tincture, five drops in half a glass of water, a spoonful every five minutes until the hæmorrhage ceased. The contractions set in shortly and the usual mode of procedure for such cases was adopted. His point was the controlling of the hæmorrhage with ipecac.

Dr. Peck then read his paper, which was a resumé of all the statistics gathered by himself touching the practice of obstetrics by our practitioners during the past year. The Bureau then adjourned.

#### EVENING SESSION.

The Institute met at 8 P.M. to receive the report of the Bureau of Materia Medica and General Therapeutics, and listen to the address by Dr. A. R. Wright, of Buffalo, N. Y. The suggestions contained therein were left for discussion until the following morning, along with the report of the Committee on Drug Proving.

The first paper of the evening was by Dr. H. C. Allen, of Ann Arbor, Mich. Its title was "Zincum and Sepia—a Comparison." In this paper the author arranged contrasting symptoms of these two drugs in columns, thus facilitating their study.

The Chairman, Dr. Wright, next read the paper by Dr. W. E. Leonard, of Minneapolis, on "Zincum in Diseases of the Eye."

Dr. W. S. Gee, of Hyde Park, Ill., reported some provings made with phosphide of zinc. The remainder of the papers of the Bureau were read by title, and were referred for publication.

Dr. Cushing, of Springfield, Mass., then proceeded to report a case cured by zinc. Case I. was of a woman, aged 34, with measles. She had a slight eruption on the neck and on the upper part of the chest. The head and face were swollen and were of a brown-mahogany color. She had a high fever and a hoarse croupy cough. She was conscious, but convulsed. It was with great difficulty that the hands, especially the thumbs, could be moved. The wrists and arms were stiff and felt numb and dead. Zincum metallicum was given, and she made a fine recovery.

Dr. M. W. VanDenburgh said that he had had a case about four months ago in which the restlessness of the feet was the only symptom. Prompt relief followed on the first night, after taking a powder of zinc 3x. In a case of uterine disease, in which the same symptom was manifest and constipation present, zinc 3x was given with instructions to take a powder at night, and if made worse to discontinue the medicine. The patient did not report for 4 or 5 days. The restlessness was relieved, a diarrhœa appearing on the second day, and ceased on discontinuing the medicine.

Dr. T. G. Comstock asked if Dr. Gee had had any experience with phosphide of zinc in skin disease?

Dr. Gee replied that he had not.

Dr. Comstock then stated that he had treated two cases of that most distressing disease, shingles, with phosphide of zinc, relieving the patients very much. The pains were rheumatic in character in both instances, and involved the entire body. The patient had very sleepless nights.

Dr. E. M. Hale expressed his satisfaction at the work done by the Bureau of Materia Medica. In his experience zincum is a most important cerebro-spinal remedy. The preparation of zinc with phosphorus should have more attention paid to it. He was glad, therefore, that Dr. Comstock had given the remedy, to his great satisfaction. As it contains both phosphorus and zinc, we naturally get the curative effect of both drugs. With phosphate of zinc it is different, for there we get no phosphorus, and the phosphoric acid is nearly all eliminated. Dr. Gee's proving of zincum phos. is quite a verification of the provings of zinc. Dr. Hale then spoke of the picrate of zinc, which Dr. Lilienthal had used very much in brain-fag. The symptoms of this drug, he said, were made up of those from picric acid and zincum. The picrate of zinc seemed to correspond better with the cerebro-spinal troubles which are not of an erethistic character. Another important preparation of zinc is the cyanide. This remedy is characterized by all sorts of depressions of the circulation, irregular pulse, palpitation and fainting. An exceedingly high temperature may be due to nervous disorder. Some ten years before the speaker had treated a very remarkable case in a school-girl, a victim of high-school pressure. She complained of headache, and had a temperature of 105°. The pulse was slow and soft. The headache increased in intensity for seven days, until it reached the unusual height of 108°. She wanted to be in a dark room all the time. She simply said she was sleepy and had a headache. On the seventh day she was given zinc, and the next morning the temperature was normal and the patient felt well. Since then Dr. Hale had given zincum in cases of high temperature where there was no inflammation to be discovered anywhere.

Dr. Pemberton Dudley said that Dr. Lilienthal in his paper recommends



zinc in scarlet fever, when there is failure on the part of the eruption to appear, this failure being due to what he speaks of as a contradictory condition, the vital forces being below par and yet nervous erethism present.

Dr. Charles Mohr said that we would often find zinc of some efficacy in cases where phosphorus or silicea is outlined, and yet fails to do good. In respect to the phosphide of zinc he had made provings of the drug, and developed symptoms of the skin, and of the chest, and depression of the circulation, which greatly resembled the symptoms of herpes zoster. He emphasized the use of zinc in cases of ovarian neuralgia, particularly where the left ovary is affected, and in women who have had overwork either in the way of household duty or in the care of children, especially when there is tenderness along the line of the spinal column, and stooping or descending stairs will cause the legs to give out and cause backache. As Dr. Allen had said, the pains of zinc are of a burning character, are apt to appear between the menstrual periods and are markedly relieved by the flow. He then referred to the use of zinc in cases of uterine cancer. He had also used zinc to give sleep and to relieve pain, especially where there is that fidgetiness of the feet, which is looked upon as one of the grand characteristics of the remedy. Curiously, in almost every one of the cases in which he had found zinc applicable, fidgety feet had been one of the leading symptoms that had directed his attention to the remedy. The speaker then called attention to a case of a maiden lady, 42 years of age, who had some ovarian difficulty and who suffered markedly with excessive constipation, the stools being quite small and passed with considerable pain. On examination, a tumor was found, apparently involving the rectum. She also suffered with sleeplessness and fidgety feet. She was given a hypodermic injection of a zinc potency in solution, and she made a prompt recovery.

Dr. A. C. Parsons asked Dr. Mohr how many doses of zinc he prescribed in that case? Dr. Mohr replied that he had given but one dose.

Dr. C. S. Hoag then related a case of scarlet fever, with violent delirium, scanty eruption and convulsions, in which zincum 3<sup>x</sup> was given with success.

Dr. N. Schneider suggested that the tumor in Dr. Mohr's case was due to faecal matter in the rectum.

Dr. Mohr replied that it was not; that he was perfectly able to recognize such faecal impaction when it occurred.

Dr. C. W. Butler described a case of ovarian neuralgia, with sterility, in which the use of zinc was followed by pregnancy.

Dr. Comstock had given zinc in nervous diseases of children and had seen excellent results from it sometimes. He had heard of cases where antipyrin had produced death, and he had noticed many cases where cures had been reported. He knew of one family, every member of which took this drug whenever they felt pain. He asked Dr. Hale if he had ever used this remedy.

Dr. Hale replied that he had never used it as an antipyretic, as he did not think he had the right to depress the circulation with drugs of that class. He would say, however, that he had used the remedy for hemicrania and dysmenorrhœa with great satisfaction. He gives five-grain doses of the drug one hour apart. So far as indications go, he would mention the patient's intolerance of pain and noise. If two doses of the drug did not give relief he thought it was useless to continue it.

Dr. J. Heber Smith then related some cases of zinc poisoning produced by the use of galvanized iron pipes.

Dr. H. C. Allen said that we are not doing enough for *materia medica*. He then invited the members of the Institute to engage in provings, and offered to be one of fifty physicians who would prove drugs, either on their patients, their friends, or themselves.

Dr. C. L. Cleaveland had used zinc in mental depression and melancholia due to overwork.

This closed the discussion, and the Institute adjourned.

## FOURTH DAY.—MORNING SESSION.

The Institute was called to order at 9 A.M.

The Board of Censors recommended the following physicians for membership : O. M. Barber, Mystic Bridge, Conn. ; M. D. Hough, Niagara Falls, N. Y. ; James M. Walker, Denver, Col. ; James H. Closson, Philadelphia ; Lucy J. Pike, Lynn, Mass. ; J. Harvey Keeney, Oswego, N. Y. ; W. E. Keegan, Rochester, N. Y. ; W. J. Minard, Burlington, Vt. ; Oscar Leseure, Detroit, Mich.

Dr. J. P. Dake then read the following resolutions, which were unanimously adopted :

*Resolved*, That in the making up of the lists of existing journals and institutions in any way illustrative of homœopathy by the Bureau of Organization, Registration and Statistics and the Committee on Medical Literature, all such shall be embraced as recognize the homœopathic principle.

*Resolved*, That no journal or institution on this list shall be stricken off without a distinct statement, through the General Secretary to the senate of seniors, of the charges brought against them, and then not without due notice or opportunity for defense on the part of the journal or institution under censure, final action in the case being deferred until the succeeding annual meeting ; but the name of any journal or institution may be dropped from our lists, without ceremony, after having failed to make a report to the Institute for the term of three consecutive years.

The Committee on the President's Address then reported, through the Chairman, Dr. D. H. Beckwith, of Cleveland, Ohio, as follows :

The Committee appointed upon the President's Address take pleasure in recommending it to members of the Institute as an able and scholarly contribution to our proceedings, and an outspoken appeal for pure homœopathy, as pregnant with valuable suggestions and as well worthy of our earnest consideration. Therefore, while we fully endorse the recommendations on medical education contained in the President's Address, our Committee recommend that in concurrence with the resolution on page 62 of the Transactions of the year 1887, we refer the suggestions made by the President to the Committee on Medical Education, as therein provided, requesting said Committee to report to the Institute at this session. Your Committee on considering the President's recommendations on papers and discussions, respectfully report that the standing resolutions adopted by the Institute, June 17, 1887, would not be essentially improved by changing its wording, as suggested in the address. Our Committee would limit the President's recommendations relating to the publication of papers to the medical press exclusively, and the right to publish papers after they have been duly received and reported to the meeting of the Institute ; that we approve of the recommendation made concerning the publication of the daily proceedings by the press, provided they be endorsed by the Secretary as official. It seems to the Committee that the unreasonable strictures that fetter the President in the choice of subject matter for his address have, under the advancement of an enlightened and progressive age, no longer grounds of justification ; that in the future the President may have a wider range for a practical, scientific address, we ask the Institute to modify Article 3, Section 1, of the By-Laws, so that the President may deliver an address that will meet the demands of the present time ; *therefore*,

*Resolved*, That after the word "homœopathy" in Article 3, Section 1, be inserted "and he may also write upon any subject relating to medical science."

The report of the Committee on Medical Education, by Dr. T. Griswold Comstock, was as follows : In making these reports, we have a duty to perform, that we assume with the greatest diffidence. The able report made by your committee at our last meeting, would seem to be sufficient, if their recommendations were carried out by our medical colleges. If, hereafter,



the principle is strictly adhered to, to accept no matriculant who has not received a good education, we shall not, in the future, be necessitated to be "put to the blush," as has been the case in the past. It is a trite saying that "It is an angelic pleasure to grow in knowledge," and the laity of the present time already appreciate the fact that the more perfect the physician is in science, he will, relatively, be the more exact and adroit in the practice of his art, and, if he is lacking in the essentials of a finished medical education, he will never be able to reach the highest aims and noblest end of his profession. What, therefore, shall be required of a student who proposes himself as a matriculant in a medical college, and the applicant is not a graduate of some college or other institution of learning? He should, at least, have a good English education, that will include mathematics, outlines of history, ancient and modern, physics, physiology and elementary chemistry; and, in addition to the above, he should be conversant with Latin and Greek, or at least one foreign language. When a student comes without any academical testimonials or first-grade teachers' certificate, an examination should be made upon the above-named subjects excepting Latin and Greek. We recommend that every institution whose diplomas we recognize hereafter shall require the candidate to study medicine four years, and take three courses of lectures before making application for the degree of doctorate, and the term of lectures in the college course shall be uniformly six months or more, this making a complete semester in accordance with the custom so long prevailing in the Old Country. We also recommend that, in addition to the therapeutics of medicine whereby the student is grounded in the "Law of Cure," as enunciated by Hahnemann, that the therapeutics of other schools shall be explained, and the student thus prepared to give "a reason for the faith within him." Let our colleges keep up with all scientific advances and our motto be "Scientia et Veritas sine Timore;" and let us teach our students "the best that has been thought and taught by medical philosophers and authorities of ancient and modern times;" our graduates will then form a veritable "corps d'élite." To become an accomplished physician, medical teachers should impress upon the student that he must have a proper ideal of what is requisite to success and eminence in the profession. No perspective, no ambition; and we take this occasion to quote Hahnemann's words as to the necessity of those who intend to practice medicine to thoroughly master it. Hahnemann says: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves master of it becomes a crime."

The State Board of Health of Illinois (a prominent member of which one of our honored seniors) has done very much to elevate the profession in that State, and its influence in elevating the profession is already felt in other States. In a report made by its Secretary, Dr. Rauch, upon medical education in 1886, he thus speaks of those graduates who have attended three courses of lectures in medical colleges before receiving their degree: "I have followed up, with special interest and care, the cases of 789 out of 1000 physicians who studied medicine four years and attended three terms before graduating. They are, with few exceptions, the prominent members of the profession in the different communities where they reside. They are well equipped by general education, have an ample period of professional study, by didactic and clinical instruction and by hospital practice." In this report we have not made any recommendation regarding the proposal to take the power of granting degrees from the medical institutions and give it to a State Board of Examiners, who are properly commissioned for that special purpose. For the present such a proposal is not practicable, but in time it will come, and we shall hail its advent with pleasure. In the meantime, while we are waiting for the completion of such a plan (which, in our own opinion, will elevate the standard of the profession), let us see to it that every graduate of our colleges in the future shall be so disciplined and fitted by a higher education

tion that they will pass with honor and praise any State Board examination that may be hereafter instituted.

Respectfully submitted,

T. GRISWOLD COMSTOCK, M.D., Chairman.

In closing Dr. Comstock offered the following :

*Resolved*, That from and after the year 1890 the American Institute will not recognize diplomas of any college requiring less than four years' study and attendance upon three courses of lectures of at least six months each.

The report was accepted, and the resolution left for consideration, along with the report to the Institute of the Intercollegiate Committee.

The report of the Intercollegiate Committee was next presented by Dr. I. T. Talbot. This report showed the favorable condition of medical education in our colleges, and closed with the following resolution :

*Resolved*, That for the college session of 1890-91 each and all of the homœopathic schools of America shall require of their candidates for graduation three years of medical study, including three full courses of lectures, didactic and clinical, of at least six months each. Thus all students who have entered these colleges for the present year will do so under the requirements of this resolution. To carry out this resolution successfully will require the co-operation of the profession generally with this Institute.

These different resolutions being before the Institute, a long and interesting discussion resulted, which showed that the members present were unanimous in their desire for higher education.

Dr. Comstock amended his resolution so that it should be in accord with the one offered by Dr. Talbot, after which they were unanimously adopted by acclamation. The applause following this action of the Institute was such as has never been heard at any meeting of that dignified body.

The President then appointed the following Committee on Medical Education for 1889 : Drs. O. S. Runnels, T. G. Comstock, T. Y. Kinne, D. H. Beckwith, R. W. McClelland, L. H. Willard, C. B. Kinyon.

On motion of Dr. Comstock, the Secretary was instructed to make a roster of the members of the Institute, with the name of the college where they received their degree and the date of their graduation, the said list to be published in the next volume of Transactions.

Dr. Charles Mohr, of Philadelphia, Chairman of the Board of Directors of Drug Provings, presented a report which embraced the following provings made by students and graduates of the Hahnemann Medical College of Philadelphia. Thirteen provings of chininum arsenioscum, nine of zincum metallicum, four of zincum iodatum, two of zincum phosphoricum, two of zincum valerianicum, one of zincum picricum, eight of lilium tigrinum and two of adonis vernalis. The majority of the provings were made with the 1<sup>x</sup> 2<sup>x</sup> and 3<sup>x</sup> triturations, in from one to five-grain doses. The necessity for systematic and continuous provings was strongly emphasized, and a belief expressed that young graduates would make the best provers. After a drug had been pushed on the human subject to a point where the subjective phenomena indicated a beginning lesion of an organ or tissue, experiments should be made on lower animals to determine what lesions are producible and whether they explain the subjective symptoms elicited in man or woman. It was declared that nothing would be of greater service to the art of medicine and so distinctly stamp the members of the Institute as scientific investigators, than drug experimentation carried on as outlined in the report.

Dr. Ludlow presented a memorial from the Women's Christian Temperance Union, which was referred to a committee.

Dr. Kinne then read the following resolution :

*Resolved*, That the graduates of each class of our colleges be asked to form provers' clubs, under the instruction of the Committee on Drug Provings with the chairmen of the Committee of Pharmacy and Drug Provings and of the Bureaus of Materia Medica and Clinical Medicine, forming a



permanent committee on provings, to perfect this work. That the homœopathic medical journals be requested to collect and publish such provings of the remedy chosen each year for study.

The President then announced the following appointments: Member of the Committee on Drug Proving, Charles Mohr; Chairmen of the Bureau of Clinical Medicine, D. A. McLachlan; *Materia Medica*, J. Heber Smith; Surgery, Scott B. Parsons; Obstetrics, Sheldon Leavitt; Pædology, L. C. Grosvenor; Gynæcology, A. Claypool; Ophthalmology, Otology and Laryngology, Charles Deady; Sanitary Science, H. Pomeroy; Psychological Medicine, F. W. Boyer; Anatomy, Physiology and Pathology, W. C. Goodno.

The address on Sanitary Science was not presented, as the Chairman of that Bureau was absent.

Dr. J. D. Buck then read the address on Psychological Medicine.

The Society then proceeded to the election of officers for 1889, which resulted as follows: President, Selden H. Talcott, Middletown, N. Y.; Vice-President, T. Y. Kinne, Paterson, N. J.; Treasurer, E. M. Kellogg, New York; General Secretary, Pemberton Dudley, Philadelphia; Provisional Secretary, T. M. Strong, New York.

Lake Minnetonka, Minn., was selected as the place for the next meeting.

#### AFTERNOON SESSION.

##### PSYCHOLOGICAL MEDICINE.

The first paper read was that of Dr. F. W. Boyer on "Nutrition as Affecting the Imagination." Dr. S. H. Talcott then read a lengthy and very able paper on the "Effect of Nutrition on the Mind." Dr. E. Ö. Kinne read his paper on "Mental Poise and Malnutrition," and Dr. G. W. Bowen one on the "Nervous System of Man as Modified by his Carnivorous Habits." The following papers were read by title in the absence of the authors: "Brain-Fag and Malnutrition," by J. G. Baldwin, M.D.; "General Relation of Nutrition to Convulsions," by A. P. Williamson, M.D.; "Epilepsy and Nutrition," by W. M. Butler, M.D.; "The Power of Thought in the Prevention and Cure of Disease," by W. H. Holcombe, M.D.

A short discussion followed the reading of these papers, after which the session adjourned.

#### EVENING SESSION.

The Institute was called to order at 8.30 P.M.

The Board of Censors reported for membership Dr. J. W. Hodge, of Niagara Falls, N. Y., and Dr. S. W. Hurd, of Lockport, N. Y. The Bureau of Clinical Medicine and Special Therapeutics then held its sectional meeting. In the absence of the Chairman, Dr. W. C. Goodno presided. The first paper read was one by Dr. Clarence W. Butler describing a case of locomotor ataxia, in which all the classical symptoms of that disease of the spinal cord were present. Notwithstanding the length of time the patient had been suffering from this disease, the administration of nitrate of silver produced such amelioration that in six weeks' time the patient, who could before hardly walk, resumed his normal gait. This paper was discussed by Drs. Comstock, Dowling and Bartlett.

Dr. D. A. McLachlan read a paper on "Clinical Facts." Dr. J. P. Dake, in discussing this paper, praised it highly. Facts were what we wanted.

Dr. W. C. Goodno then read his paper on "The Treatment of Typhoid Fever."

Dr. T. G. Comstock remarked that Dr. Goodno's paper showed good

common sense and that the author was a man of large experience. He asked for further information concerning Dr. Goodno's case of parotitis.

Dr. Goodno replied this was the only case in his own practice. He had seen two others in consultation. One died, the other barely escaped with his life. With regard to antipyrin and antifebrine, he had used them in but two or three cases of his own. He had suggested their use in cases in consultation with admirable results. He did not advocate their use in the early stages of typhoid fever. He then related a case in which the temperature was 107 degrees. Cold water and a cold sheet failed, while antipyrin was successful.

Dr. J. W. Dowling said he agreed with Dr. Goodno regarding the rarity of the typical temperature curve of typhoid fever, first explained by Wunderlich. He also found that it was exceedingly rare in the practice of others to meet with that typical form of fever. He asked if the members present often met with this temperature curve. He himself had also seen but one case of parotitis. He then proceeded to describe a case of typhoid fever in which the course was so mild that the patient would insist upon sitting up every day. On the 25th day he was summoned in a hurry and when he reached the patient he was dead. There had been an erosion of a bloodvessel with hæmorrhage, a large quantity of blood escaping from the rectum. He asked Dr. Goodno if he had noticed more danger of rupture in mild cases than in others.

Dr. Goodno replied that the general condition of his patients, in whom this complication occurred, was good.

Dr. Dowling thought that this fact could readily be explained, for in the milder cases the blood-pressure was stronger. One remarkable case he treated died, after almost perfect recovery, from perforation of the intestine as a result of over-eating.

Dr. Charles Mohr had failed to meet with the typical temperature curve of Wunderlich. In many cases the curve resembled those of ordinary malarial fevers. He had seen cases in which the temperature from the beginning was extraordinarily high. In a case seen with Dr. Trites, of Manayunk, in a young girl, slightly ill for a few days, whose mother had given her purgatives, the temperature shot up to 105 degrees. She had abdominal pains and tenderness, giving rise to suspicion of peritonitis. It proved to be typhoid, with development of the characteristic roseola just before death. He believed this difference in the temperature was due to climatic influences, to habit and to characteristics of the epidemic. He had read of an epidemic of typhoid in Paris in which all the characteristic lesions and symptoms were found and the temperature was subnormal. Dr. Mohr had never met with a case of parotitis as a complication. He had seen a fatal case in the practice of Dr. Farrington. Persistent delirium, continuing day and night, he thought was always fatal, no matter what treatment was instituted. He dreaded to see a peculiar happy expression in a typhoid patient, for it was a dangerous symptom. The convalescence of typhoid patients should be watched carefully, as relapses will follow slight indiscretions.

Dr. J. C. Morgan asked whether Dr. Dowling regarded the peculiar temperature curve as characteristic of this country or whether it was observed only by homœopaths.

Dr. Dowling could not account for it. Once in a while he found typical temperature curves. Dr. Goodno's paper, he thought, was one of the most valuable papers ever read before the Institute, and should be studied by every physician in the land.

Dr. Morgan also endorsed Dr. Goodno's paper. With Dr. Martin's paper, this gave our school a fair number of statistics to begin with. He felt grateful to the Chairman for having given him a clue to two remedies for hyperpyrexia. This condition, fortunately rare, is commonly fatal. He was curious to know what these remedies would do in potency. In homœopathic practice we often aborted these cases at too early a stage to make



a diagnosis. This is very unfortunate for scientific minds, but fortunate for patients. When practicing allopathy, he had a large number of typhoids; he now rarely sees a case. He sees many cases which, under his former treatment, would have turned out to be typhoids. It was his opinion that he had aborted the disease in these cases.

Dr. W. J. Martin had listened to Dr. Dowling's lectures on the practice of medicine twelve years ago, and was surprised to hear him say that he had never seen an explanation of the anomalous temperature curve mentioned this evening. There is a text book recommended to all students of homœopathic colleges known as "Raue's Pathology." In that book a full explanation is given.

Dr. Dowling asked for the explanation.

Dr. Martin said the reason was that, as homœopaths prescribe the true remedy for the case, we do not get the characteristic curve of Wunderlich. If we find that it pursues the characteristic curve, our prescription has been of no good whatever.

Dr. Dowling said he now knew the reason why he rarely met with the characteristic temperature.

Dr. Tousley agreed with Dr. Martin's explanation.

Dr. Mohr observed that in the first week the typical rise and fall of Wunderlich is present, and after administering the indicated remedy the temperature, fails to follow this curve. Dr. Raue's explanation does not, however, account for the cases in which the temperature reaches 105 degrees before any medicine is given.

Dr. A. A. Parsons suggested that these cases might be complicated with malaria.

Dr. Mohr believed that typhoid and malaria are often associated, giving us typho-malaria fever.

Dr. Parsons had seen cases in which, by taking the temperature repeatedly, he had found it lowest at noon, characteristic typhoid symptoms being present.

Dr. G. W. Bowen has seen little typhoid in the West of late years; he did see typho-malaria fever instead. He believed the typhoid of this country to be different from the typhoid of Europe.

Dr. D. A. McLachlan had seen cases in Michigan in which malarial complications were present. He believed our remedies materially modified the course of typhoid fever.

Dr. A. R. Wright said that in Buffalo typhoid fever was rare, while at Niagara Falls Dr. Hodge said it was very common. He usually treated in Buffalo not more than ten cases a year. He had had three to four hundred cases. He had never met with parotitis. One of his cases died from perforation of the intestine and four from hæmorrhage of the bowels.

Papers by Drs. C. H. Lawton, Leonard Pratt, Prosper Bender and James Schley were read by title, after which the Institute adjourned until the following morning.

#### FIFTH DAY.—CLOSING SESSION.

On reassembling, the Board of Censors presented their final report, recommending for election the two names proposed last night.

A telegram was read from Dr. S. Lilienthal, acknowledging the receipt of the Institute's telegraphic greeting, and returning thanks for the same.

Dr. J. P. Dake offered a resolution providing for an informal ballot in future elections; the motion, however, failed.

Dr. T. F. Smith called attention to the fact that the Institute had not acted upon his resolution recommending the sending of copies of the group-picture to foreign correspondents and members free. The error was rectified by action of the meeting.

Dr. H. D. Paine read a communication from Dr. C. Neidhard, in which

that gentleman presented to the Institute a copy of his recently published "Repertory of the Head Symptoms." On motion the book was accepted and turned over to the Institute library with a vote of thanks to Dr. Neidhard.

Dr. H. C. Allan reported the illness of Dr. D. S. Smith, of Chicago, as a cause for his absence from this session.

On motion of Dr. Allen, the Bureau of Clinical Medicine was reopened to admit of the introduction of an excellent paper by Dr. Thomas Skinner, of London, England, which had been received too late for use during the regular meeting of the Bureau. The paper treated of a case of glosso-syphilis of eleven years' standing permanently cured in five months.

Dr. J. H. McClellan, of Pittsburgh, in the temporary absence of the Chairman of the Bureau, presented the report of the Bureau of Medical Legislation. He stated the contents of the report to be a series of resolutions, pointing to the organization of single boards for examination of homœopathic practitioners in States now inimical to our school. He recited, at some length, the *modus operandi* adopted by the Board of Health of Alabama and the Board of Examiners of Florida, in the examination of homœopathic applicants. The purpose of these remarks was to show that, while these boards might not be avowedly inimical to the homœopathic applicant, if he should apply, the very fact that no one on these boards belonged to our school had the moral effect of deterring our students and graduates from going to these and other States, and applying for licenses to practice. These boards, as now constituted, were a perpetual menace to all the members of our school. In this view of the subject, supplemented by letters from the few practitioners now in those States, the committee had prepared a series of resolutions for the acceptance of the Institute, which could be used by members and others for their guidance in cases needing active legislation. If two boards could not be obtained, then oppose the single board. Dr. McClellan read a letter from Dr. Murrell, of Mobile, in which that gentleman detailed the troubles of Dr. Pampnella, who was brought up for practicing without a license, and who went into court with his attorney, prepared to fight the matter through to the Supreme Court; but the old school eventually withdrew from the fight. Dr. Stout wrote, that, at the last session of the Florida Legislature, a bill was smuggled through the House, but was promptly killed in the Senate by the concerted action of the homœopathic physicians. Dr. McClellan thereupon offered the following resolutions:

**WHEREAS**, The single State Boards of Medical Examiners have been recently established in several States, the membership of which is made up wholly, or largely, of the representatives of one school of medicine, thereby fostering and maintaining sectarianism in medicine in the most pernicious form; and,

**WHEREAS**, The practical effect of these sectarian boards is found to be prejudicial to the interests of other schools of medicine, and constitutes an unnecessary and unwarrantable interference with the free exercise of the widest liberty of thought and action consistent with the public welfare; therefore,

*Resolved*, That whenever legislation shall be attempted in any State looking to the creation of a single State Board of Medical Examiners, homœopaths are hereby urged to oppose such bills to the fullest extent of their influence, unless amended so as to provide for the appointment of homœopathic Examining Boards having equal legal rights and privileges with those of other schools of medicine.

*Resolved*, That while we approve the appointment of State Boards of Medical Examiners as the most suitable method for securing higher and more nearly uniform standards of medical acquirements, we reject the proposition that these ends can be attained only through the appointment in each State of a single Medical Examining Board.

*Resolved*, That while we approve the principle of State examinations,



homœopathic interests can be conserved only by the establishment in each State of a separate Homœopathic Examining Board, or that which is its equivalent, viz: The appointment of a full corps of seven or nine homœopathic examiners, whose decision alone shall be final as regards the standing and licensure of all homœopathic students making application thereto.

*Resolved*, That in case it shall be found to be difficult or inexpedient to create and maintain a State Homœopathic Medical Examining Board, homœopathists are hereby urged to rely for the protection of their interests mainly on laws for the regulation of medical practice and the registration of practitioners.

*Resolved*, That in cases in which State Homœopathic Medical Examining Boards and laws for the regulation of medical practice have failed to protect homœopathic interests, and persistent efforts are being made for creating a single State Examining Board, homœopathists in such States should urge and secure the passage of a law providing for the teaching of homœopathic principles and practice in each of the old-school medical colleges in such States.

*Resolved*, That a copy of these resolutions, with such other suggestions as the Committee on Medical Legislation may deem proper, including forms of proposed medical bills, be presented by circular or otherwise to the homœopathic profession at an early day.

Dr. Dake spoke to the motion, relating his experiences in his own State, and also the difficulties which our brethren had experienced in Alabama. He concurred in the opinion of the committee that, while the existing single State Board of Medical Examiners here and there may be really virtuous, yet their existence without a single homœopathic representative is a standing menace which deters our young men from entering those fields.

On motion the resolutions were passed, and the recommendations therein contained ordered to be carried out.

The memorial service was then proceeded with. Dr. H. D. Paine, the Necrologist, presented the names and brief sketches of the lives of departed brethren, which were responded to by the members of the Institute present.

Dr. Kinne paid a glowing tribute to the memory of Dr. Walter Ward.

Dr. Grosvenor told of his early acquaintance with Dr. Adolph Lippe, and recounted in what stead his advice had been to him.

Dr. H. C. Allen reviewed the life history of Dr. Lippe, identifying him with all that was good and progressive in homœopathy to-day. His name was known wherever the name of homœopathy is known. He doubted if a better prescriber had appeared upon the homœopathic field since the days of Hahnemann and Boenninghausen. He was pre-eminently the head and front of Hahnemannianism. Others of the departed friends, believing in the same rule of prescribing, had still found it necessary to tread the old paths of digging out their cases. Dr. Lippe, however, was such thorough master of *materia medica* that he had no longer need for this drudgery.

Dr. John C. Morgan also contributed his laurel to the memory of this pioneer homœopathist.

Dr. I. Franklin Smith spoke at some length of his friendship with Dr. Henry M. Clarke, and also of Dr. Titus L. Brown, that rugged, straightforward, honest man, no matter how much he differed in some of his personal views.

Dr. Talbot spoke feelingly of his friend Dr. Clarke, so also did Dr. McClelland.

The President eulogized Dr. Kinyon, and he was ably seconded by Dr. A. R. Wright.

Dr. H. M. Paine spoke of his old schoolmate, Dr. Randall, and Dr. J. Heber Smith was unable to complete his eulogy of Dr. Walker, his emotions overcoming him.

The service was continued to near the adjourning hour, impressive

speeches being delivered by old friends, associates, and companions of the departed.

Dr. T. F. Smith presented the supplemental report of his bureau.

Dr. H. C. Allen called attention to the proposed publication of a new concordance of the *materia medica* by Dr. W. D. Gentry, of Kansas City.

Dr. Talbot moved that the arrangement for future sectional meetings be so perfected as to give the greatest amount of discussion to those most interested in it.

Dr. Kinne moved that a committee of five be appointed, including the General Secretary and the Chairman of the Local Committee of Arrangements, whose duty it shall be to prepare a programme for the Institute sessions and expedite its business. Ordered. He also moved the expunging from section 2, of article 2, the words, "arrange the business of the meeting," and insert in place, "and shall attend to matters of business not otherwise provided for." Also, that copies of the Transactions of 1888 be sent to the same institutions which had received them in 1887. Also, the formal motion to correct the by-laws to conform to the resolution previously offered touching the rejection of any paper presented and read to the institute, making it a standing resolution as follows :

*Resolved*, That the Committee of Publication shall reject no papers or reports referred to it, unless concurred in by three-fifths of its members.

The Institute also ordered, by resolution properly seconded, that the time allotted to the report of the chairman of any standing committee shall not exceed fifteen minutes.

Dr. T. F. Smith gave notice that he would, at the next session, ask for a change of the time for the election of officers, the same to be made a part of the published-programme sent out by the General Secretary.

Dr. H. C. Allen gave notice that he would ask for the addition to the membership blank, at the proper place, of words expressive of the belief of the applicant in the principles of homœopathy.

A vote of thanks was tendered the retiring President, to the Local Committee of Arrangements, to the Secretaries and the press reporters for their services in behalf of the Institute.

The President then announced the bureaus.

The Institute adjourned at 12.30 P.M.

**SULFONAL.**—Sulfonal was used by Prof. Kast and Dr. Robbas two hundred and twenty times in twenty-seven cases, with the following conclusions : Sulfonal is a hypnotic, which, in medium doses (2.0-3.0) acts better and more sure than chloral hydrate or paraldehyde in larger doses ; its action is even seen in persons used to narcotics. Chloral hydrate produces sleep quicker, but it does not last so long. Single doses of 2.0 to 3.0 act well in irritable states, and even when given for some time, the dose need not be increased. Sleep usually sets in after half an hour, more rarely after one or two hours, and lasts uninterruptedly for six or eight hours, even into the forenoon. Its action is a gradual one, and sleep is perfectly normal. Larger doses, 4.0, alternating in short intervals with smaller ones of 2.0-3.0, show no deleterious influence on the organism. Appetite, digestion, respiration and cardiac action remain normal. The absolutely innocuous action of sulfonal on the functions of the heart, even after a longer use, shows it to be preferable to chloral, whose weakening action on the heart is well known.—*Berl. Klin. Wochenschr.*, 17, 1888. S. L.



REMOVALS.—Dr. Eduardo Fornias has removed to 711 Pine St., Phila.  
 Dr. Wm. B. Van Lennep to 1421 Spruce St., Phila.  
 Dr. H. F. Berkenstock to 1419 Girard Ave.  
 Drs. Saml. and Jas. E. Lilienthal to 1316 Van Ness Ave., San Francisco, Cal.  
 Dr. Prosper Bender to 134 Boylston St., Boston, Mass.  
 Dr. R. H. Peacock to Gainesville, Fla.  
 Dr. A. E. Tortat to 3714 Ridge Ave., Phila.

A RESIDENT physician is wanted in the Albany City Homœopathic Hospital. Applicants should address Dr. E. M. Pratt.

THE BUFFALO CITY DISPENSARY, in its Eye and Ear Department, under the charge of F. Park Lewis, M.D., Herbert Beals, M.D., P. L. Carter, M.D., C. S. Albertson, M.D., and Louis A. Bull, M.D., treated the following cases in 1887:

Diseases of the Eye Lids,	29
“ “ Conjunctiva, . . . . .	42
“ “ Lachrymal Apparatus, . . . . .	7
“ “ Cornea, . . . . .	75
“ “ Iris, . . . . .	4
“ “ Accommodation and Refraction, . . . . .	19
“ “ Globe and Orbit, . . . . .	8
“ “ Muscles of the Eye, . . . . .	7
“ “ Choroid, Retina and Optic Nerve, . . . . .	6
“ “ Lens, . . . . .	12
“ “ Ear, . . . . .	49
“ “ Throat and Nose, . . . . .	16
“ “ Diagnosis Unrecorded, . . . . .	32

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THE KANSAS CITY HOMŒOPATHIC COLLEGE has issued its first announcement. The following professors constitute the faculty of the college: Diseases of the Eye and Ear, F. F. Casseday, Ph. B., M.D., Dean; Medical and Surgical Diseases of Women, A. E. Neumieister, M.D.; Obstetrics, J. F. Elliott, M.D.; Principles and Practice of Surgery, Wm. A. Forster, M.D.; Materia Medica, Therapeutics and Institutes, Edw. F. Brady, Registrar; Pathology and Practice of Medicine and Physical Diagnosis, T. H. Hudson, M.D., Peter Diederich, M.D., and W. H. Jenney, M.D.; Medical Chemistry and Toxicology, G. B. Morrison, A.M.; Descriptive and Practical Anatomy, J. C. Bennett, M.D.; Physiology, Histology and Sanitary Science, Mark Edgerton, M.D.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—The members of the Bureau of Materia Medica are so busily engaged on the special work of the bureau, that they will have no time to prepare papers to be read before the Society. The chairman of the bureau, Dr. Z. J. Miller, of Pittsburgh, therefore invites the members of the Society at large to contribute papers based on their own personal experience and observation for presentation through this bureau, at the meeting to be held in Philadelphia in September next.

THE  
HAHNEMANNIAN MONTHLY.

AUGUST, 1888.

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CONSIDERATIONS RELATING TO THE TREATMENT OF ENTERIC FEVER.

BY W. C. GOODNO, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, June 29th, 1888.)

**MEMBERS OF THE INSTITUTE:** The Chairman of the Bureau of Clinical Medicine and Special Therapeutics, Dr. Gorham, of Albany, has been detained at home by the long-continued illness of his wife. Being aware, for some time past, of his inability to be present at this meeting, he requested me to act as the chairman of this bureau, and prepare the usual bureau address to the Institute.

Having already prepared a paper to be presented with this report, I was unable to afford sufficient time for the preparation of anything additional, and, therefore, offer you my paper entitled "Considerations Relating to the Treatment of Enteric Fever." If this paper does not present anything novel, surely the frequency, duration and mortality of this disease lend an interest of no little importance to any thoughtful practical consideration relating to its treatment.

What can homœopathy do for typhoid fever? is the question I would propound at the opening of this address. Can you tell me? Certainly! you answer. If there is any one therapeutic question, to which reply has been satisfactorily given, it is this one. Homœopathy is successful far beyond any other method in the warfare with this disease. How are you going to prove this assertion? Why, Dr. A. says, I have practiced homœopathically for ten, twenty or thirty years, and have lost but three, six or ten cases, as it may be, and I know that my allopathic neighbors have lost more. Dr. A. is honest; he is a good practitioner. But, brethren, such evidence is not worth as much to the scientific world of to-day as the amount



of grinding that could be done on the section-knife by means of the breath used to utter the words, could it be so utilized. It is worth less ; it is positively misleading.

Dr. B., better acquainted with the demands of modern science, answers : We have statistics showing its superiority. Where are they ? Where may they be found ? He refers me, perhaps, to Hahnemann's cases. But we have learned that at least very many of Hahnemann's cases were what we now call relapsing fever. In Hahnemann's time the several forms of continued fever were considered one. It remained for Sir William Jenner of our own day to differentiate between, to untwist the strands of the continued-fever rope, and clearly define the differences between typhus, typhoid (or enteric) and relapsing fevers. If, then, we must put aside Hahnemann's experience, brilliant as it was in its relation to these undifferentiated fevers, and come to later days, what do we discover, aside from the admirable report of Dr. Martin, of Pittsburgh, who gave an analysis of more than 100 cases occurring in a single epidemic which afflicted that city a few years since ? Hardly anything which possesses weight. The report of Dr. Martin, embracing, as it does, a single epidemic, which ran its course within a few months, only partially satisfies us. In view of these facts, I make bold to say to you that, in respect to this common disease, typhoid fever, the homœopathic school cannot satisfy the just demands of those who interrogate us. Yet I am just as confident as Dr. A. or Dr. B., that we possess a method of treatment yielding results which are unapproached by any other.

What is the explanation of this state of things ? Why should a school of medicine, with thousands of practitioners, and half a century of years in which to answer, be nearly silent in response to so important a question ? Some will say, we lack, or have lacked, hospital facilities. The "ins" staid in and have kept us out, but so soon as we get a good opportunity we will demonstrate the truth of our claims. The essential cause, to my mind, grows out of the element of greatest strength which the school possesses, *the individualization of cases*. It is what may be called a principle parasite. Homœopathy teaches the strictest individualization of each case, and considers symptoms without reference to those combinations which, by reason of their frequent association and common cause, receive special names, thus designating the various diseases. This was a great advance in medicine, and one which the old school has kidnapped so quietly, and rocked in its cradle so gently, that it has become a part of the new family without its homœopathic mother missing it. If she does not

believe her child is lost, she has only to go into the highway of allopathic literature where she will find it dividing honor only with the frantic efforts to kill germs. But, though allopathy has yet again entered our house, and robbed us of one of our greatest treasures, and to-day treats disease in the main symptomatically, *she has not thrown aside diseases.*

The recognition of such groups of phenomena and their common relationship, is the only ground for comparison between different methods of treatment. This is a period, in medicine, of analytical study. We must judge largely of results by the consideration of groups of carefully recorded cases. We, as homœopaths, are lacking in this particular. Individual cases have been observed in respect to symptomological detail as never before, but the study of large collections of cases of the same disease, in reference to clinical history and therapeutic application, has been neglected.

We must come to the front in this matter, and show what homœopathy can do for diseases. It is thus only that we can convince the medical profession of a claimed superiority. It is what the allopathic doctor demands, what the laity asks for, and upon which our existence as a school almost depends. Statements of success, not supported by such evidence, are of little value; for, as Sir James Paget says, in speaking of a very large class of practitioners, "they seem to have a faculty of reckoning all failures as little, and all successes as big. They make their brains like sieves, and they run all the little things through and retain all the big ones, which they suppose to be their successes, and a very mischievous heap of rubbish it is that they retain." In conclusion, then, I would urge upon the members of the American Institute of Homœopathy, the importance of carefully recording and reporting their cases. We must stop our boasting, talk less, and work more.

As a slight contribution to this subject, and as a preface to a few remarks upon some features of the therapeutics of this disease, I will report, with slight analysis, two series, of one hundred cases each. The first series commenced with my first patient after graduation, March 12th, 1870, and was completed December 20th, 1877, being a period of seven years and eight months, according to years, as follows:

1870, 4 cases; 1871, 6 cases; 1872, 5 cases; 1873, 11 cases; 1874, 8 cases; 1875, 13 cases; 1876, 32 cases; 1877, 21 cases; Total, 100.

It will be observed, that, during the years 1875, 1876, and 1877,



the relative number of cases was large. These three years embraced the "Centennial period," which, you may remember, was marked by an unusually large number of cases of continued fever, in and about Philadelphia.

The second series extends from December 20th, 1877, to January 2d, 1888. The number of cases by years is as follows:

1878, 13 cases; 1879, 10 cases; 1880, 12 cases; 1881, 9 cases; 1882, 11 cases; 1883, 8 cases; 1884, 10 cases; 1885, 8 cases; 1886, 10 cases; 1887, 8 cases. Total, 100.

Of the first series, two died, of the second three, making a mortality of  $2\frac{1}{2}$  per cent. of all cases.

One died of intestinal perforation with its usual sequences. This, a "walking typhoid," was treated in 1871. The diagnosis was uncertain until the occurrence of perforation. Death resulted in thirty-six hours.

Two were lost more immediately from heart failure; one of these was a young woman who suffered much from bad nursing.

The fourth succumbed rapidly (at the close of the first week) with symptoms of meningitis.

The fifth had hyperpyrexia almost from the first, and died comatose on the eighth day.

About three-fourths of these cases terminated by lysis between the eighteenth and twenty-eighth days, the largest number about the twenty-second or twenty-third day.

Diarrhœa was not often troublesome; most had from one to six stools in the twenty-four hours commencing with the second week.

Not over three per cent. had a degree of diarrhœa exciting alarm. In cases of this character the number of stools in the twenty-four hours varied from twelve to thirty.

Free hemorrhage occurred in only five or six cases; slight bleeding in thirteen.

The number of hemorrhages or bloody stools varied from one to twenty-seven.

One case was ushered in by violent hysterical delirium.

One by symptoms of meningitis.

One was followed in the fifth week by acute mania.

One was accompanied by peritonitis, with symptoms indicating perforation.

One with peritonitis, without indications suggesting perforation.

Two developed phlebitis.

Two were followed by local paresis.

Several were troubled with feeble digestion and general miserableness.

*Temperature.*—Very few presented Wunderlich's typical temperature-curve. In some the rise was sudden to  $104^{\circ}$  or  $105^{\circ}$  in twenty-four hours. In a few it was intermitting, during the first few days.

Generally there was a close relationship between the height of the temperature and the seriousness of the symptoms, although in six or seven severe cerebral symptoms or signs of heart failure, with the temperature comparatively low, occurred, viz. :  $102^{\circ}$  F.

$104^{\circ}$  to  $104.2^{\circ}$  F. was common, especially in young subjects, and without other symptoms of severity. A higher elevation— $105^{\circ}$ —if lasting, say, more than twenty-four hours, was attended usually by grave symptoms.

The eruption was notable by its absence only five or six times. In most but a few groups of spots over the abdomen and lower chest. In a much larger number it was profuse, and extended over the limbs and face in several.

Epistaxis was only occasional, occurring in about 10 per cent.

Tympanites of aggravated character did not occur once.

Bronchitis was almost constant.

Lobular consolidation occasional, and hypostatic congestion, sufficient to detect, frequent.

Capillary bronchitis was well marked twice.

Development of multiple points of circumscribed periostitis twice, followed by superficial necrosis.

Parotitis once.

These two hundred cases were treated medicinally with the following remedies stated in the order of their frequency of use :

Bryonia, rhus, phosphoric acid, baptisia, hyoscyamus, gelsemium, arsenicum, belladonna, muriatic acid, lachesis, stramonium, taraxacum, fluoric acid, zinc phosphide.

The food consisted mainly of milk, home-prepared beef tea and farinaceous gruels, and, during convalescence, a tardy return to solid food.

Water was given freely, unless the digestive tract was disturbed. If so, it was restricted, according to the circumstances of the case.

Stimulants were used but scantily until late in the second series, and then in the form of wine-whey, whiskey or brandy, and, a few times only, champagne. Spongings were employed from one to three or four times in the twenty-four hours. The wet sheet was employed in two cases; cold packs to the abdomen several times, and a moist cloth covered with oiled silk or a dry towel in most; the bath twice.



Medicines were prescribed symptomatically, bryonia being preferred during the first week.

Rhus as soon as the typhoid state appeared, baptisia being preferable in some instances.

Arsenic after intestinal ulceration was well under way, and constitutional deterioration marked.

Phosphoric acid for the diarrhoea.

Muriatic acid when muscular prostration was the prominent feature, but seldom before the second week.

Gelsemium when muscular prostration was early.

Hamamelis for the hemorrhages.

Belladonna for the early headache.

Taraxacum for the pains in the extremities.

Fluoric acid for parotitis, periostitis, etc.

Phosphide of zinc for the sequential nervous feebleness.

I am not aware that so low a mortality has been published by any one, under any method of treatment. The comparatively large number of cases, extending over a period of eighteen years, the disease prevailing but slightly during many years, and being epidemic during others, offers a fair collection for the determination of the mortality in private practice and under homœopathic treatment.

It might be interesting to note that a third series commencing with the present year has not opened so favorably. Within forty-eight hours of each other, I lost two cases from intestinal hemorrhage. The first had been ill eleven days, with diarrhoea during the last three days of life. Upon the first day three stools, upon the second day six stools, and upon the last, seven. With the last stool a profuse hemorrhage occurred, perhaps amounting to one pint; nine others followed within twelve hours. Collapse took place after the first hemorrhage, the temperature falling to below the registration point, 95° F. Death occurred in thirteen hours after the first hemorrhage.

Case 2 had been ill nine days; very mild attack, but had been in bed with skilled care from the first. Without warning a single frightful hemorrhage occurred. I found the patient unconscious, cool, pulseless and with the pallor of death. Hot bottles and two ounces of brandy hypodermatically did no good. But an injection of one and a half pints of warm milk into the median basilic vein led to a return of consciousness and some improvement for a few hours, but death took place with renewal of collapse symptoms in eight and a half hours from the time of the hemorrhage.

I think, we may consider that these cases give to us an approximate idea of what pure unaided homœopathy can do for typhoid fever. Not that we can form conclusive opinions concerning any special features from so small a number of cases, as illustrated by the prominence of death from hemorrhage in the early part of my third series referred to. With the exception of the administration of material doses of quinine sulph., antifebrin and antipyrin to four cases late in the second series, all were treated strictly upon Hahnemannian principles. As I can perhaps add little or nothing to your knowledge concerning the well-known medicines prescribed, I will confine myself to the consideration of the question of the use of antipyretic remedies, and conclude with a few words in reference to the important matter of diet.

Some homœopathists affirm the lack of a necessity for the insertion of such a therapeutic section as the present, in the consideration of the treatment of any disease. To such we would say that, when they can demonstrate that drugs, prescribed according to the homœopathic principle, are all-sufficient for all cases of typhoid fever, such a section as the present may be omitted. Granting, as we do, this principle to be a law, and that drugs perfectly prescribed according to this law unhindered by opposing forces are sufficient in all curable diseases to restore the normal state, the clinical fact remains that we do not in many instances prevent a fatal issue.

High temperature sometimes runs riot, asthænia lays low, diarrhœa and hemorrhage prostrate, the nerve-centres fail before the oppressive heat and poisoned blood, and the struggling heart surrenders before its hopeless task. In the face of such facts as these, away with sophistries. One may believe what he will, concerning the efficiency or infallibility of remedies prescribed according to Hahnemann's law, the bold, clinical fact, that we do not cure all our cases which seemingly ought to be cured, stares us in the face. If, then, we sometimes, though rarely, fail to check the oncoming fatal issue by our homœopathic remedies, is it admissible to endeavor to control for the time, the dangerous symptom or symptoms by the use of drugs physiologically prescribed to tide over the patient until such time as we can prescribe more successfully? I can see but one answer. The practitioner who does less is unworthy of the name physician.

This at once opens in the minds of many the too hasty, frequent and improper use of such agents. With this I am not concerning myself. To fail to teach what one believes, simply because one fears an im-



proper use of that which is taught, borders upon dishonesty, and yet such teaching is advocated.

*Antipyretic Treatment.*—While a factor of great importance, I think, with many others, that the injurious influence of high temperature has been in recent times much exaggerated. This has led to practices of doubtful advisability.

The protracted daily use of antipyretic measures, often without proper regard for the relationship existing between the elevated temperature and the patient's symptoms, seems most pernicious. An arbitrary temperature-limit has been set up, not the same, however, with all observers, the elevation of the temperature above this limit being the indication for the employment of antipyretic remedies. This rule necessitates the administration of such remedies from a very early period of the disease in most cases. When used from the beginning constantly, these agents all possess a disturbing and depressing action, especially cardiac, which is prejudicial to a favorable course. The unwisdom of adopting such an arbitrary temperature-limit as a rule of action, must become apparent to any one who carefully studies the natural course of the disease (as we homœopaths are said to do), for in very many cases the temperature rises but very little above the limit of  $103^{\circ}$  or  $103.5^{\circ}$  F., the general course of the case being favorable. Exceeding such a limit by a degree or more even for days, we believe to be often less harmful than constant dosing with powerful, depressing drugs. Accepting  $103^{\circ}$  F. as the limit, it requires quite a stretch of the imagination to believe that a temperature of  $102.8^{\circ}$  does not require antipyresis, while  $103^{\circ}$  F. does. The same argument applies to any of the standards established. It should not be forgotten that these limits are employed, by most observers, as indications for the use of antipyretic remedies without regard to symptoms. With a moderate experience and a careful study of the experiences of other observers, I conclude that we are to be guided in our selection of this measure more by (1) the period of the disease, (2) the duration and height of the daily elevation, and (3), perhaps most important, the influence of the temperature upon the other symptoms.

Avoid antipyresis during the early days of typhoid fever. As observed in Philadelphia, the temperature during this period averages much higher than you will find stated by writers upon the subject. This early hypernormal temperature frequently subsides, and is followed by a lower than normal temperature (applying the term normal to the average temperature of the disease). This early rise

is due, first, to the primary\*intoxication, and secondly, to the inflammatory changes in the gut. I have seen, in several instances, a temperature of  $104^{\circ}$  to  $105^{\circ}$  during the first week, and not above  $103^{\circ}$  to  $103.5^{\circ}$  later. This abnormally high early temperature is found oftenest in the form of typhoid designated as typho-malarial. The subjects are more apt to be young, and of an excitable temperament. While it is always to be considered important, and as likely to be followed by a more aggravated course than when the temperature is lower during the first week, the cases in which this is not so are not at all infrequent. The serious consequences of high temperature are far oftener manifested after the first week, and especially after the second week. Now the nervous and muscular tissues, with all others, are altered. The tissue-food has deteriorated and lessened, and consequently their nutrition is impaired and degeneration is in progress. Now a sudden rise in temperature or the protraction of an already high temperature, does incalculable harm. How long such a degree of elevated temperature shall be allowed to continue, depends upon its height and its influence upon the course of the attack; particularly its influence upon the nerve-centres and heart. It is at this time that the accomplished clinician can be of inestimable value to the patient, for it is now that broad knowledge, the watchful eye, the delicate sense of touch, and alertness and quickness in scenting danger, will detect the early signs of failure and adopt proper means for its relief.

One cannot study the recent literature of typhoid fever without coming to the conclusion that the dietary of this disease is a subject of great importance. Very moderate experience confirms this impression. The history of the subject presents at least two well-marked eras. An interval of but a few years separates the early period of underfeeding from the prevalent one of over-feeding. Since it has been my province to teach practical medicine, I have earnestly opposed the present, to my mind, irrational method. Graves, that eminent Irish clinician, who deserves a place high in fame, did more than any other man to undermine the former plan of semi-starvation, and advocate in its stead the more successful one of supplying to the body such an amount and character of nutriment as the altered functions of the body rendered it possible to assimilate. His warmest advocate has been Sir William Jenner, who has passed to the other extreme of overfeeding, and his authoritative lead is followed by nearly the whole profession. Of late, a tendency to a median position is observable. There is a strong disposition with very many to



"out-Herod Herod." Dietetic and therapeutic methods enunciated by competent observers, are seized upon with avidity by the professional and even the lay mind, and are applied and extended with more zeal than wisdom. Undoubtedly, such has been the case in the application of food to continued fevers. It has been proportioned to the supposed needs of the patient, being based upon the waste rather than adapted to his digestive and assimilative ability. Graves, in that magnificent volume of clinical lectures which every physician should study, says, upon page 90: "Although you will not let your patient starve, do not fall into the opposite extreme. You must take care not to overload the stomach." His great disciple, Sir William, did fall into this pit, but he is scrambling out again.

The digestive and assimilative power of the patient can only be determined by a careful review of the case. The question may often be answered only in a practical way, *i.e.*, by a most careful observation of the effect of the given article upon the patient. The stools give most important evidence, but unfortunately too few practitioners examine the dejections regularly. For instance, I saw recently, with another physician, a case in the second week of the attack. Very frequent stools constituted the most important symptom. The patient had been fed upon milk almost exclusively from the early days. Upon examination of the stools, I found them composed of innumerable minute coagula, so small, that covered as they were with darker matter of less consistency, they were almost obscured, and had been undetected. The patient died a few days subsequently with peritonitis, the sequence of intestinal perforation. Even at that time I found, post-mortem, many little masses of undigested milk in the intestines. This is by no means an isolated instance in my own experience. During the first week the patient's digestive and assimilative powers vary from apparent perfection to an almost total inability. Impaired ability is probably mainly due to the primary influence of the typhoid poison upon the nervous system, and secondarily, through it, upon the digestive apparatus, while catarrhal gastritis is an important factor in many cases.

Disturbances due to the former are more important, for depressed function resulting from central nervous changes is always difficult to deal with. During this period alterations in the epithelia, glands and muscles are generally very slight, and disturbed digestion is due more to impaired nervous power than to changes in the anatomical elements of the stomach.

In the second week, the toxæmia with its nervous results continues ;

but structural alterations of the elements are now becoming marked. The cell, struggling under the depressing influence of the typhoid poison, is but imperfectly appropriating and transforming the impaired pabulum which is offered it. Consequently much that it takes remains within the cell imperfectly assimilated and therefore a burden. Excretion of its products is correspondingly imperfect. It is in this stage of the disease and later, when the structural alterations are profound and prostration (adynamia) is excessive, that we are advised to pour in the food. Two to three quarts of raw milk, one to two pints of beef-tea, and perhaps a little farinaceous gruel with (often) six to twelve ounces of whiskey or brandy, are frequently given within the twenty-four hours.

Add to these conditions of the digestive organs and nervous system, the blood struggling under its oppressive load of imperfectly elaborated material, the specific poison causing the fever, and the largely increased amount of irritative excrementitious matter—add to these the crippled glandular organs, imperfectly elaborating and depurating; the general tissue elements, their integrity impaired and their avenues of ingress and egress perhaps choked by a vandal horde which interferes with their feeding and appropriates their oxygen—and you have some of the reasons why the processes of life should not be still further disturbed by the administration of quantities of food often larger than the normal system can properly dispose of.

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## THE TREATMENT OF WOUNDS OF THE INTESTINES.

BY CHAS. M. THOMAS, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, June 26th, 1888.)

WHEN one considers the number of cases of wounds of the abdominal viscera which are constantly coming under the notice of surgeons, it becomes a matter of surprise that the management of these accidents, except perhaps in cases of protrusion of viscera, should have remained until recently in a state of such great uncertainty.

In the statistical reports of our civil war, there are recorded more than 1000 cases of gunshot wounds of the abdomen, and although the mortality rate of more than 90 per cent. clearly indicates the inefficiency of the then existing method of treatment, the subject, singularly enough, received but little serious consideration; so little, indeed, that when the late Marion Sims, shortly before his death, urged that these wounds be treated as any others by free exposure



and suture, his proposition was looked upon by most surgeons as entirely impracticable, if not preposterous. Not long after this, however, in 1884, appeared the valuable experimental works of the elder Gross, of Philadelphia, and Parkes, of Chicago, in which the operative treatment is not only strongly advocated, but placed upon a scientific and practical basis. These papers were promptly followed by equally important ones, and reports of cases by Mikulicz, Lloyd, Kocher, Bull and others.

Although up to the present time the list of published cases of laparotomy for perforating abdominal wounds is scarcely more than half a hundred, the total result shows already a reduction of the mortality rate to less than 70 per cent. Indeed, the voice of a large proportion of the profession is now strongly in favor of treating these cases on essentially the same principles as those laid down for wounds of other parts, and it would seem we are rapidly approaching a time when the surgeon will be held answerable in the courts, if he refrain from exposing and inspecting the abdominal viscera, when, in a shot or stab wound, he is unable to positively assure himself that visceral penetration has not occurred.

That, however, we have already reached that point, as has been claimed by some enthusiastic writers, cannot be rightly asserted, since even within the past year, a number of prominent surgeons have publicly expressed a leaning toward the old expectant method; and Richardson, of New Orleans, reports 32 cases of gun-shot wounds of the abdomen, with 23 recoveries and 9 deaths.

Bearing this in mind, though recognizing the fair showing in the cases treated by operative interference, I would put the question: Would not most cases in the hands of the general practitioner or the inexperienced operator run a better chance of recovery under a conservative or expectant treatment?

We must bear in mind that a proportion, though small, of those cases left to nature or treated conservatively will recover; and, on the other hand, that the operative procedure means decidedly something more than a simple laparotomy, more even than the average ovariectomy.

It necessitates a most careful search and inspection of the various recesses of the abdominal cavity and the management of wounds of much greater importance, and calls for greater precision and delicacy of handling than those found in free surfaces; it requires the ability to carry out with exactitude and with a minimum loss of time, the various steps, in a perfectly aseptic manner, and this means the

possession of a grade of skill which can only be gained by no inconsiderable amount of surgical training and experience.

I cannot but think, then, that the answer to my question should be in the affirmative, and that unless the attendant have some experience in abdominal as well as other surgery, he will, in most instances, only add, by his interference, another serious complication to an already desperate condition.

I, of course, do not refer to those cases in which there is a protrusion of the wounded intestine through an abdominal opening, where the indication for treatment is perfectly plain, viz.: to thoroughly cleanse the part, repair the visceral lesion with proper suture, replace by enlarging, if necessary, the abdominal incision, and close the parietal opening.

The greatest obstacle to the general adoption of laparotomy for intestinal wounds without protrusion, lies certainly in the difficulty which not infrequently arises in positively determining, from the early symptoms, the presence of visceral lesions. The question of peritoneal penetration can easily and safely be settled, and in doubtful cases always should be, by following the track of the wound with the probe and knife to the level of the peritoneum; but the detection of such an opening, while rendering highly probable the presence of visceral penetration, is not positive proof of such an injury, though accepted by many, and I believe rightly so, as quite sufficient reason for a further exploration of the abdominal cavity.

Naturally the diagnosis would be no longer uncertain were intestinal matter or urine found in the wound, but unfortunately these materials rarely appear at the opening, even though exuded in quantity into the peritoneum. Bloody stools or urine, or sanious vomit should strongly excite suspicion of penetration, but these symptoms again are rarely found among the early ones. Too free a flow of blood from the wound to be accounted for as coming from the parietes, while a comparatively rare symptom, would certainly be sufficient ground for explorative laparotomy. An emphysema of the abdominal wall about the wound is emphasized by some as a valuable symptom, but its importance is lessened both by the fact of its rarity and for the reason that it may be present even when the intestines are intact.

The sudden appearance of pronounced tympanites, especially of such extent as to mask even the normal area of liver dulness, while by no means presenting itself as a constant symptom, furnishes, it is



claimed, a very strong evidence of intestinal perforation, and is indeed looked upon as pathognomonic of the existence of the injury.

Shock, pain and nausea depend so much for their degree upon individual idiosyncrasies, that they can but rarely be useful as positive indicators of organic injury.

With the view of establishing a constant and reliable test of intestinal perforation, Dr. Senn, of Milwaukee, has instituted a series of experiments which were repeated a month ago before the American Medical Association, in which he inflated the bowels per rectum, by hydrogen gas.

The escape of the gas by the abdominal wound, it is claimed, will certainly occur if perforation of any portion of the gastro-intestinal canal has occurred. In the *Medical News*, of June 9th, Dr. Wm. Mackie, Dr. Senn's associate, reports the first application of this test to an actual case in the human subject. The result was entirely satisfactory.

Whether this method can be so simplified as to render it one of general utility, can only be determined by further experience, but in hospital practice, at least, I can see no reason why it should not be promptly adopted.

In the absence of such a test, or other positive indication of a visceral penetration, what is the proper course to be adopted by the surgeon?

Although opinions are still divided upon this point, personally I have no hesitation in answering, that, if examination of the wound shows a peritoneal opening, unless one is able to make a fairly satisfactory exclusion of visceral lesion, it becomes one's duty to continue the exploration into the abdominal cavity.

When death occurs after wounds in the intestine, shock is rarely, and hemorrhage in comparatively few cases, the direct cause; the majority of fatal terminations are undoubtedly due to peritonitis and blood-poisoning following the absorption of either the products of extravasated intestinal contents (sapræmia), or the decomposed inflammatory exudations (septicæmia). In the comparatively small number of instances where recovery has taken place spontaneously or under conservative treatment, a reparative peritonitis has probably shut off the involved area, or closed the perforation before the escape of fecal matter into the peritoneal cavity.

The object then of the operative treatment, is to anticipate and prevent this extravasation, by a speedy closure of the perforation,

or to remove already existing exudation, check hemorrhage, repair intestinal lacerations, and cleanse and close the abdominal cavity.

If it be determined upon, the operation should be carried into effect at the earliest possible moment after the receipt of the injury.

Any delay would only be justifiable in the presence of pronounced shock, and if the case be not seen till peritonitis is already established, the operation would surely in most cases be contra-indicated, both on account of the probable impossibility of finding the perforation among the matted intestines, and the difficulty in cleansing and properly draining the peritoneum.

Preliminary to operative interference, a careful study of the position of the patient at the time of the accident, and the probable direction from which the missile or weapon came, the character and direction of the wound-track in the parietes, etc., should invariably be made, and will often give most valuable information as to the probable course of the foreign body within the abdomen, and at least an approximate estimate as to the organs probably injured by it.

As to whether the laparotomy shall be done typically per linea mediana, or by enlarging the wound of entrance, will depend somewhat upon circumstances. Occasionally, as in front shot wounds well to the side, where one may exclude the probability of damage over an extended surface, or in a direct stab, where the depth of abdominal penetration is not great, and the visceral injury probably localized, or again in slashed sabre cuts, where the abdominal wall gapes widely, the enlargement of the entrance wound might enable the operator to reach and treat without difficulty the organs involved.

Opinion, however, seems fairly well united that the median incision is usually preferable, in that it gives the fullest view of the abdominal interior, allows the freest manipulation of the contained organs, and a perfect removal of extravasated blood and other materials.

In carrying out the technique of the operation, it goes without saying, that a perfect asepsis should be striven for, from the preparatory cleansing of the integuments, to the final closure and dressing of the abdominal wound.

The greatest possible care must be taken to prevent a chilling of the peritoneal surfaces, and, to this end, the free use of pure hot water, and hot aseptic towels cannot be too strongly insisted upon.

In the depression and collapse so commonly met with in prolonged operations within the abdominal cavity, there is probably no resuscitant so effective, as a free irrigation of the peritoneum with hot



water. The question of the advisability of employing germicidal solutions still remains unsettled, but of the dangerous actions of these solutions in the ordinary strength within the peritoneum, there is certainly no doubt.

Outside the management of the wounded intestines, the steps of operation in no way vary from those of a laparotomy for any other purpose.

While the practice of operators may vary somewhat, on the ground of theory or personal preference, as to the particular form of suture best adapted to repairing intestinal rents, the one great desideratum for all must be the incision of the edges in such a manner as to insure a close approximation of the serous surface, without including the mucous lining of the tube in the stitch. This indication is most effectively accomplished by the well-known Lambert suture, or its modification by Czerny.

Above everything else the operation should be carried on methodically and with rapidity without haste. Already a fatal issue has followed the overlooking of wounded points, through a lack of systematic procedure, or a precipitancy in closing the operation, born of the fear of a death upon the table. To insure the most complete inspection of the intestinal loops, with the minimum amount of bruising incident to the handling of them, a free abdominal section, particularly in fat individuals, is imperative, and in most cases should reach from a couple of inches above the pubes, to a point well above the umbilicus. In case of free hemorrhage, the first attention should be given to tracing out its course and controlling it with ligation, suture or other applicable means. In the absence of such bleeding, those loops of intestine should be first inspected which lie in the supposed track of the missile, though under all circumstances, barring a free hemorrhage, the rule should be held inviolate, to deal with each intestinal lesion as it is discovered.

Having cleansed and closed such wounds as fall under notice immediately after exposing the abdominal contents, a methodical inspection of the whole alimentary canal should be made from the stomach to the rectum, and this followed by a rapid examination of each other organ contained within the abdominal cavity.

While all bleeding points should be most carefully dealt with, especial attention must be given to the vessels of the omentum, on account of their well-known tendency to consecutive oozing.

In contusions and pronounced ecchymoses of the omentum, no doubt the safest plan is to freely resect the part after careful ligation.

Every intestinal or mesenteric wound, however small, calls for suture.

Bruises and deep abrasions, particularly of the mesentery, are best managed by excision and immediate suture.

Experiment and experience have apparently definitely proven that even when the edges of a bowel perforation are much bruised or lacerated, any attempt to trim away the shreds is a useless expenditure of time. They only require to be carefully turned in toward the gut lumen, under an accurate Lembert suture, either interrupted or continuous.

Rarely, portions of the gut may require resection, as when two or more lacerations are so situated as to imperil the vitality of the wall between them, or where the mesenteric border is greatly damaged. The details of such resection require no comment here, as they are identical with the same operation for other causes.

One of the most embarrassing complications of the injuries under consideration, is found in the occasionally accompanying wound of one or more of the other abdominal organs.

Hemorrhage from the solid viscera, is rarely easy of management, and when the organ is a removable one, as the kidney or spleen, and the wound extensive, a complete enucleation is probably the safest plan to pursue.

Hemorrhage from more superficial lesions or from wounds of the liver is probably best controlled by very deep grasping sutures or the thermo-cautery at a dull heat.

In the after care, essentially the same line of treatment should prevail, as that following an ordinary abdominal section.

Shock, as after all abdominal operations, will first claim the attention, and is most promptly controlled by heat to the extremities, head and rectum, and gentle cautious stimulation, preferably hypodermically or per rectum. The remedies most frequently called for in this connection will be aconite, camphor, coffea, arsenic and capsicum; and digitalis and atropia hypodermically.

After the performance of an enterorrhaphy, the first and most important matter is to secure perfect rest for the damaged intestine, during the time necessary for repair of the sutured lesions. To this end the patient must be kept perfectly quiet in a recumbent posture, with the knees flexed; and life sustained, for at least 48 hours, by rectal alimentation alone. More especially is feeding by the stomach to be most cautiously renewed when the wound is of the upper intestine or of the stomach itself.



The question of drainage must be decided by the condition of the peritoneum at the close of the operation. If it be found impossible to make a perfectly dry toilette of the cavity, or if a peritonitis have started before the operation the abdominal drainage must be employed.

Upon about the fifth day, a movement of the bowels may be encouraged by an enema, and a careful low diet allowed by the beginning of the second week.

Peritonitis, that *bête noire* of abdominal surgery, may set in at any time, from a few hours most frequently, to several days after the accident; if sthenic and localized in character, the prognosis may still be hopeful, but if it be general and septic, the issue will, in a large proportion of cases, be a fatal one within a short time. The symptoms announcing its advent are too well known to require detailed consideration here. The rigor, the cutting burning abdominal pain with distention, thoracic respiration, the watery, greenish, perhaps stercoraceous vomit, the distressing hiccough, the dry furred tongue, intense unquenchable thirst, pinched features, and the wiry, more and more rapid pulse will indicate only too certainly its dread presence.

In the early stages, my later experience in traumatic peritonitis has proved to my satisfaction the marked efficiency of continuous cold applications to the abdomen. The relief of pain thereby has been pronounced, and, in at least in one case, I am convinced that the checking of the inflammatory action was due to its persistent use. In the later stages, and, no doubt in certain individuals, even at the beginning of the attack, hot fomentations will be found more comforting. The internal remedies most frequently called for will probably be aconite, bryonia, rhus, cantharis, terebinth, mercury, arsenic, chininum arsenicosum, belladonna and opium. When marked restlessness with apparently uncontrollable pain are present, unless there are obvious contra-indications, the surgeon is, I believe, not fulfilling his whole duty to his patient if he deny him the relief not infrequently to be obtained from full hypodermic doses of morphia.

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### HYSTERIA.

BY JULIA M. ORR, M.D., CHICAGO, ILL.

HYSTERIA is a functional neurosis to which nearly all men and women are liable. Those natural actions by which we express grief, terror and other painful emotions, become symptoms of hysteria as

soon as they reach an exaggerated degree of intensity. The hysterical paroxysm is due to a violent excitement of the whole nervous system, and is usually a combination of emotional and convulsive agitation. An emotion upsets the equilibrium, and is followed by an outburst of laughter, tears, choking, sobbing, pain, rigors, and spasmodic movements. The same phenomena may follow great physical fatigue or exhaustion.

The inability of the will to control the emotions is one of the leading characteristics of hysteria. Wilks tells us that "the higher nerve-centres are in abeyance, leaving the spinal system uncontrolled." The disease is, therefore, a partial insanity, where the patient does not wholly lose control, and which, in many cases, may be overcome by the efforts of the patient, if a sufficient incentive can be brought to bear.

Hysteria has been known from the very dawn of civilization. The physicians of ancient Greece believed it originated in a "discontented and ill-tempered uterus," and the old Greek midwives were the first to give it the name of hysteria. Plato and his followers looked upon the uterus as a migratory animal, travelling through the whole system, and its pressure on the various organs of the body was supposed to be the cause of all the sufferings of hysterical patients.

The frequency of hysterical disorders in women, and their apparent connection with the generative organs, led all ancient writers to consider some morbid state of the uterus as the source of this disease, and the majority of modern writers have taught us that the hysterical woman is largely made up of a dislocated uterus and a congested imagination. Sir J. Paget says of hysteria: "In the defective ovarian and uterine functions of certain patients, some see the centre and chief substance; a very mischievous fallacy. Of course the sexual organs appear in fault to those who are rarely consulted for the disease of any other part; but, in general practice, they are, in a large majority of cases, as healthy as any other parts are, or not more disturbed. The close and multiform relation of the generative organs with the mind, and with all the parts of the nervous system, are enough to make the disorders of these organs dominant in a disorderly nervous constitution, but their relation to hysteria, or to neuro-mimesis, though more intense, is only the same in kind, as that of an injured joint, or an irritable stomach. All in their degrees may be disturbers of a perturbable nervous system, and equally



on any one of them, the turbulence of a nervous centre may be directed with undivided force."

Hippocrates believed that pale lymphatic women were most liable to hysteria, while Galen thought that fleshy, sanguine women had a greater tendency to it. Briquet tells us there is no hysterical constitution appreciable by the study of external appearances. It certainly seems to invade all kinds of constitutions, and is not confined to any rank of society. Anxiety, grief, terror, disappointment, mental agony, prolonged physical suffering, and that complex emotion, *worry*, are common to the human race, and one or more of these factors acting together culminate in hysteria.

*Causes.*—Prominent among the predisposing causes of this disease we find hereditary influences; insanity, chorea, epilepsy, and phthisis in one generation, giving place to a neurotic diathesis in the next, upon which hysteria is readily engrafted, and in all the graver cases a family history of this kind is traceable.

*Sex.*—For ages women have held the monopoly of this disease. Emmet maintains that the ganglionic system is developed to a greater extent in women, both in the size of the ganglia, and in the distribution of the nerves, than in men, and while this gives greater tenacity of life, and power of endurance in resisting the effects of disease, they are liable to greater reflex disturbances, and this fact added to their greater delicacy of organization, and undue development of the emotional nature, predisposes them to hysteria.

Hammond thinks its frequency in single women is from want of occupation and lack of aim in life, and that those single women who have pursuits, aims and occupations are no more subject to it than are married women.

Boys as well as girls have hysteria at puberty. Prof. Charcot in his third volume on "Diseases of the Nervous System" has devoted nearly 500 pages to the forms of hysteria that occur among men. The cases reported are full of interest, including, as they do, not only delicate men, but those who were strong and robust, and accustomed to exposure. No favor is shown to them on account of their sex. The paroxysms would begin, as in women, with *globus hystericus*, followed by ringing in the ears, hissing sounds and loss of consciousness. These men presented the same sensitive spots as do women, pressure upon which would produce the fit, and all the stages of hysterio-epilepsy would follow in regular sequence. In all these cases of confirmed hysteria, the origin could be traced to

some cerebral shock, and in all a neurotic tendency was found. This is equally true of all such cases occurring among women.

*Age.*—Age has always held a place among predisposing causes, that most favorable to its development being generally given as between sixteen and twenty-five; but Briquet states that one-fifth of all the cases he had met with occurred before the twelfth year, and it is frequently found in those past middle life, and occasionally in the aged.

*Climate.*—This neurosis has been commonly believed to be more prevalent in tropical countries than in the colder climates; but it is found in Iceland, and among the Swedes, Poles, Russians, Esquimaux and Greenlanders. The Latin races are more prone to it than the Anglo-Saxon, and Benedict says it is very common in Jewesses.

Very little is known of the physical basis of hysteria. The emotional centres of the brain are affected, and a healthful balance destroyed. The nerves of sensation are always altered, and the functions of the motor tract are upset, partly from an increase of their own irritability, and partly in a reflex manner from increased sensory irritability.

The irritability of the sensory and motor tracts may be increased as in hyperaesthesia and convulsions; or their irritability may be diminished, as in cases of anæsthesia and paralysis.

There is an altered power of secretion and excretion, due to nervous origin, and it seems very possible that paralysis may occur in secreting and excreting, as well as in muscular structures.

Examples of the influence of the emotions on sensibility and motility, come under our observation every day. Grief causes tonic contractions of the muscles, while horror or surprise paralyzes them, and fear produces trembling or clonic spasm. Joy or anger destroys sensibility to pain. Fear blanches the hair in a few hours, suppresses the flow of milk, causes menorrhagia, or again may suppress the menses, produces spasms of the glottis and of the facial muscles, aphonia, palpitation, diarrhœa, increased flow of urine, profuse perspiration, hysterical paroxysms, syncope, convulsions, chorea, insanity and even death. Grief gives us the same results. The symptoms of both grief and fear are the same, indicating an affection of the cerebro-spinal centres. We are told that the blood does not coagulate in those who die from violent mental emotion—just as when death follows the entrance of certain poisons into the system. It is to be presumed that the blood undergoes similar changes to that of poisoning in all cases of violent emotion. Pernicious anæmia is known to



follow violent emotion. Shock may be followed by a degeneration of the nerve-centres, sufficient to produce all the multiform symptoms of hysteria. Goll and others located the lesion in hysteria in the cerebellum, and this ganglion is remarkable for the numerous connections which exist between it and other parts of the nervous system. Later writers locate the centre of emotion in the corpora quadrigemina, and think the lesion lies there. The intimacy of the relation between the quadrigeminal bodies, the vaso-motor centre, and the other centres of the medulla, controlling respiration, the acts of vomiting, urination and other reflexes; their connection with the cerebellum, by the *processes e cerebello ad testes*, as well as their relationship with the special senses and the co-ordination of movements, make this theory very plausible at least.

*Symptoms.*—Anæmia is present in most cases of hysteria, and must be overcome before a cure can be made. Headache is always a symptom. It may be frontal, temporal, occipital, or on the vertex; but there is always headache, and it may be constantly present. There is often a good deal of muscular pain between the shoulders and each side of the spine, and in other parts of the body. The painful spots are said to be more noticeable at the origins and insertions of the muscles. Pain in the joints is common and may be accompanied by swelling, but there is no collection of fluid in the cavity of the synovial membrane as in true disease of the joint. The knee is more frequently affected than any other joint.

Among the mental symptoms we find rapidly changing moods, impulsive actions, morbid craving for sympathy, and hallucinations, and these hallucinations may become more pronounced and develop into delusions. The hysterical patient is always suspicious and often untruthful.

The ball in the throat may be only a sensation, or it may be a spasmodic action of the tissues causing a choking sensation. There is usually great tenderness of the abdomen, secretion of gas and tympanites. Anorexia is a common symptom, followed by graver nutritive disorders. In many severe cases the patient has an aversion to animal food of any kind. The biliary secretions are tardy, and constipation is present as a rule. It is often intractable, and may be due to sensory paralysis of the rectum, a loss of tonicity in the rectal muscular walls, a lack of co-ordination of the various muscles used in defecation, or a combination of these factors.

Amblyopia and complete amaurosis may follow severe hysterical attacks, as may paralysis of any part of the body. Perhaps aphonia

is the most frequent form of hysterical paralysis. Paraplegia is less common than hemiplegia, and more difficult to relieve. In hysterical paraplegia the patient remains plump—there is no trouble with the bladder—or, if any, it is retention of urine, while in real paraplegia, there is apt to be paralysis of the bladder and rectum, the patient feels ill, grows thin, and bed-sores appear.

In hemiplegia the left side is usually the one affected. There is no distortion of the face, or deviation of the tongue as in the hemiplegia of cerebral disease. It is seldom complete, and is less severe in the arm than in the leg. The patient drags the foot in hysterical hemiplegia, while in cerebral hemiplegia the foot is circum-abducted. The paralysis of hysteria may be limited to a single finger; may wander about the body like the paralysis following certain acute diseases; may disappear suddenly or may remain permanently.

The hysterical tremor may pass into a state of organic disease of the spine. These tremors may be localized or general. The hysterical tremor is partially controllable by the will, while organic tremors are due to coarse textural changes in the spine, and are not under the control of the will. The hysterical contracture may disappear suddenly without leaving a trace; or, it may continue indefinitely. When the contracture is not modified by profound sleep, or reduced by the use of chloroform, it may be looked upon as permanent, and as involving a sclerous lesion of the posterior portions of the lateral columns of the cord. This has been proven by post-mortems.

Laycock describes, under aggravated and irregular forms of hysteria, some remarkable cases of hysterical ischuria and hysterical hemorrhage. Retention of urine is a common symptom of hysteria, but when ischuria becomes a permanent symptom an erratic discharge of urine occurs. It may be vomited or discharged through the ears, eyes, nose, and umbilicus. Urine has been discharged from the anus, and such cases usually occur in boys. Urinous discharges from the ears, salivary glands, and skin, have been observed in both men and women, as has vomiting of urine. Urinous discharges from the umbilicus have been, with few exceptions, observed in women. These discharges have the appearance and odor of urine, and under chemical analysis are found to contain urea. Strange to say, a fair percentage of these cases recover as do those suffering from erratic discharges of blood.

*Treatment.*—Hysteria is a chronic disease, and while its symptoms are readily relieved, its actual cure is most difficult. Its treatment requires all the skill, patience, tact, judgment, kindness and firmness



the physician can command. When possible, it is a good thing to take the patient from her home and usual surroundings and bring her under new and revolutionary influences. When she cannot leave home, it is often possible to teach her to adjust herself more harmoniously to her environments. A physician with a talent for rapid observation, a sense of fitness, and quick sympathies, can often accomplish wonders in this way, and completely revolutionize the daily habits of life, thought, and feeling in a patient, and this, too, in her own home. To teach your patient how to widen the margin of nerve-force and keep from slipping over the edge, requires a supervision of her exercise, rest, bathing, clothing, diet, amusements, and occupation, but success in such cases lies almost wholly in attention to minute details.

Health is not a thing of chance, and your patient must know this and work with you in regaining it.

Fresh air, sunshine, nourishing food, exercise short of exhaustion, avoidance as far as possible of excitement and painful emotions, plenty of rest and cheerfulness, all these are necessary for her growth into health.

In the milder paroxysms, a few drops of aromatic spirits of ammonia in a little water does admirable service. When you find your patient crying and wringing her hands, and going from one nervous chill into another, it is not difficult to get her to lie down, and then if you cover her up, darken the room, busy her excited friends elsewhere, and administer ten or fifteen drops of aromatic ammonia in a little water, you soon have her quiet and comfortable. Moschus in the second and third triturations does good work in such cases.

In severe paroxysms bromide of potassium and caffeine have done well for me. Hammond advises the administration of chloroform to a point of intoxication in such cases.

Between the paroxysms the patient can be treated judiciously with remedies, and as she grows toward health the paroxysms will recur less frequently. Hydropathic treatment is useful in some cases, and massage does well for those who are unable to exercise. Electricity, if it agrees, is very helpful, as it aids nutrition, and is the best artificial substitute for nerve-force known at present. Healthful and diseased conditions are more dependent on the emotions than most of us are aware or care to acknowledge, therefore the training of the will and the education of the emotions are important factors in the treatment of all nervous disorders.

## THE ATAXIAS.\*

BY J. T. O'CONNOR, M.D., NEW YORK.

THE word, ataxia, is derived from the Greek, the verb-root signifying to set in order, to arrange, and the alpha-privative implying non-performance. The word, therefore, is applied not to loss of power but to a disorderly manifestation of power or an unskilful use of power. This meaning must not be imposed too widely but only to the faulty or disorderly application of power in the means or instruments of the action. Hence the word is not used in connection with spasmodic disorders in which the want of co-ordination results from the interference with the action of one set of muscles in carrying out some determinate effort, by the unintentional and uncontrollable action of another set, as in chorea or in writer's cramp.

You have already inferred that the word ataxia concerns muscular action, and you probably know that the disease-condition causing the ataxia, is not a disease of the muscles. Every muscular action results from a nervous impulse sent down through motor-nerves from some nervous centre, and this nervous impulse is brought about by reflex action or by volition. Many of our muscular movements are semi-automatic, but they are only so as the result of a long and laborious process of learning. The infant has to learn to stand, to walk, to speak, etc. The act of sucking is probably instinctive or reflex, so, very likely, is the act of seizing with the hand, but the convergence of the visual axes, for the purposes of distinct vision at different distances, has to be developed by the educating influence of repeated effort. Even our conscious voluntary motions are based on the same law of education. If I reach out to touch an object, I must know just how far I am to extend my arm, and also just how much I am to relax the flexors of my arm, else I shall miss my aim. I have learned all this by the education of my muscles. But to use my arm in the instance stated, I must know something more; I must know the position of my muscles at the moment of beginning the action. If I do not know this position, I cannot determine how to begin the action. So, again, I must know the distance from me at which the object is. Now, to know the latter, I must know my own position in space, or, at least, that of my head, for it is by the action of certain appurtenances of my eyes that I judge the distance of an object from me, and so they must be in a fixed position while

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I take my observation. The mental recognition of the position of my head in space is dependent on information carried into some nervous centre from the semicircular canals in the internal ear and this information goes by the space-nerve, which forms part of the trunk of the eighth cranial nerve. The information concerning the position, degree of tension or relaxation of each of the voluntary muscles, is sent to the brain from the muscles by way of nerve-fibres, whose end-organs are in the muscles, and, undoubtedly, some similar arrangement keeps the brain informed of the amount of tension and pressure in and around the joints.

Finally, although the terminal organs and nerve-fibres for muscular sense and for space-sense are in normal condition, it may be that the centres, in which these impulses are received, are diseased, and hence the information carried in is misinterpreted, and thus a condition causing ataxia is virtually present. A simple experiment will show this. Let any one of you put before his eyes a pair of abducting prisms of a few degrees, and then go out in the street and try to walk. The conditions of co-ordination in the action of the ocular muscles will be so changed that the individual will be unable to walk straight, as he will have lost the steadying influence of a knowledge of his true relation to the outside world, knowledge which he formerly received from the constantly-changing but always co-ordinated activity of the muscles that move the eyeballs.

To sum up. Faulty or insufficient information sent in from the muscles or from the semicircular canals, faulty or impaired transmission by the nerve-fibres from them, or faulty interpretation by the central receiving-organs, of truthful information sent from the sources just named, will give rise to ataxia. We can then make two broad divisions: Ataxia of central origin, that is, from the cerebrum or cerebellum, and ataxia of peripheral origin, that is, from some diseased state of peripheral nerves or in certain ascending tracts in the spinal cord.

The most frequently observed form is that known as locomotor ataxia. Here the disease is chiefly in the conducting paths for muscular sense in the spinal cord; these are in the posterior columns, the disease-process being a degeneration of the nerve-fibres themselves with connective-tissue proliferation. It is what is known as a "system disease" of the cord, that is, a certain definite tract is selected, to the exclusion of other tracts. This disease is also termed posterior spinal sclerosis, and it is often designated by the older title "tabes dorsalis." The degeneration, following the rule of degeneration in

nerve-fibres, extends in the direction in which the fibre transmits impulses, that is, it ascends in this case. The fibres for muscular sense enter the cord not directly in the posterior gray horns, but just inside, towards the median line, in the white matter or the column of Burdach; then they turn into the gray, and soon emerge into the column of Burdach again. As new fibres come in at successively higher levels, they push still further inward the fibres which came in lower down, and thus is made up the column of Goll, the innermost of the two posterior columns of one side; at the upper part of the cord, however, the muscular sense-fibres remain in the column of Burdach. Both columns are affected by the disease, but when experimental degeneration is produced on dogs, its area, seen in cross section of the cord, is found to become gradually displaced inward, the higher the section is under examination.

Now, what happens to an individual having this disease-process in, say, the lumbar region. He has no loss of muscular power in the lower limbs, for the motor tract is not invaded; if you test his muscular power, you will find it, unless in very advanced stages, good. His tactile sense may be impaired, but only because there may be some implication of the posterior spinal nerve-roots as they are entering the cord, and for this reason also there may be some interference with the temperature and pain senses. But the posterior columns are not solely occupied by the fibres for muscular sense. They contain a part of the reflex loop, through which are carried on certain reflex muscular actions. One well-known and extremely important reflex action is the patellar tendon-reflex or "knee-jerk." If the reflex loop for this action is intact and the patellar tendon receives a sharp tap from the finger-tips or the outer edge of the hand, or from a percussion-hammer (the leg under examination being lax and crossed over the other knee, and the patient being seated), there follows a distinct kick. This is the oft-quoted "knee-jerk." The resulting kick is evidence, then, that the reflex loop, concerned with the rectus-femoris muscle, is free from diseased condition in every part. But do not conclude that the absence of the knee-jerk means the presence of locomotor ataxia. The knee-jerk may be absent normally. In one individual in sixty it cannot be produced, and its absence may also mean degeneration of the peripheral nerve or of the anterior gray horn in the lumbar cord. In health it is often difficult to elicit the knee-jerk, since the inhibitory influence from the cortex of the brain seems to be increased by conscious attention on the part of the subject. This difficulty may be overcome by diverting the



patient's attention, especially to other muscular action, as by causing him to hook his hands together and then to pull as hard as possible without letting the hands come apart.

The evidences of loss of the muscular sense are many. When we stand, the bones of the legs are kept in a state of comparatively rigid extension by the action of attached muscles, and this, in turn, is affected by impulses, conscious or unconscious, sent down from the brain. If the brain cannot determine the exact position and degree of tension of the muscles, it has to guess, so to say, as to the amount and direction of innervation needed, and in this case the action of the muscles will be an unbalanced or inco-ordinated one. Hence the body will sway to and fro, and the individual may be in danger of falling. And so of other muscular actions than those involved in keeping the body upright on the feet. The brain, however, is kept informed, in some degree, of the position of different parts of the body by the ordinary sensation of the skin, and especially by the visual sense and by the space sense. Should anæsthesia exist in the feet, it will be much harder for the locomotor ataxic to stand erect than if this were not so, while if the aid of the visual sense be withdrawn the swaying and tottering will be greatly increased. These facts explain why the locomotor ataxic finds it difficult to stand erect with his eyes shut or to walk in the dark. If the disease-process involve the upper part of the cord, the arms are affected in a similar manner. The patient, then, cannot, with his eyes shut, touch the tip of his nose with the forefinger; the effort to do this, will carry the finger to the ear or chin, or in some other direction wide of the mark. He cannot stretch out the arms, and then rapidly bring the points of the two index-fingers in contact. The aid given by the eyesight is great, as has been said, but in advanced cases this aid is of little value.

Some of the chief tests for impairment of the muscular sense are the following: Place the patient standing, his feet close together; in a slight case he may find it difficult to keep his equilibrium, but may not actually totter; but have him close his eyes, and then the swaying of the body will be greatly increased; this is Romberg's symptom. Have the patient walk along a straight line, such as a crack in the flooring. He will find this difficult to do, but with closed eyes it will be impossible. Stick a pin in the toe of his shoe, the patient being seated, and direct him to touch with it your finger held a short distance away and at the level of his knee. Wavering motion in different directions will show the existence of impairment of the muscular-sense in the limb.

Just here I wish to call your attention again to the fact that the chief symptom of locomotor ataxia depends upon the loss of the muscular sense, and this loss cannot be supplied by any other sense, and will be exhibited by the patient under any change of position. Place him on his back, and cause him to describe a circle with the point of one foot; the effort will be almost ludicrous. I have seen a patient describe in this way the outline of a "figure-of-eight." Ask him to lay one leg across the other or to touch one knee with the other heel, the patient still lying on his back, and the great extent and apparently aimless wavering of the moving limb will show at once that the motion is one of extreme inco-ordination.

But in a case of cerebellar ataxia, in which the patient may be unable to keep his equilibrium in the erect posture, or to walk a straight line, if you place him on his back he can perform any muscular action required, with celerity and certainty. Why is this? The cerebellar ataxic is such, because he cannot recognize properly his position, and especially the position of his head in space. But, by placing him on his back, the tactile sensation from the integument of his head and back gives him a thoroughly good idea of his position, and knowing this and having no impairment of muscular sense, he is no longer ataxic. You thus have a positive means of diagnosing, should this ever be necessary, between locomotor and cerebellar ataxia.

The gait of the locomotor ataxic is characteristic. As he has already learned the extreme difficulty of standing upon a narrow base, he seeks a wide base of support, and walks with his feet far apart. Next, as he does not know exactly the position of the several parts of his lower limbs, he seeks to compensate for this by bringing the foot down forcibly, stamping with the heel first. If halted suddenly, or made to "about face," he loses his equilibrium to a greater degree.

The ataxia from muscular anæsthesia is shown in a well-marked case by the complete loss of knowledge on the part of the patient concerning the position of his legs while in the bed; he has to look in order to know where they are. If one leg be bent by the examiner at a certain angle, or if the toes of one limb be arranged in a certain way, he is unable to place the other limb or its toes correspondingly. He does not know, without looking, how they have been placed. With the aid afforded by the visual sense, he can perform the required action. But it is very curious that a blind ataxic has less inco-ordination with his eyes open than when closed. The ex-



planation of this is hard to give; the influence has been termed psychical, but that does not explain the fact.

While it is true that the degeneration and connective-tissue proliferation in locomotor ataxia seem to select the posterior columns of the cord as the special definite object of attack, the inflammatory process, either directly or by its results, involves contiguous structures. The posterior horns are more or less affected, the vesicular column of Clarke frequently so, and the root-fibres for the sensations of pain, temperature and touch rarely wholly escape. In this way is explained the existence of the peculiar "lightning-like" pains of locomotor-ataxia which streak down the leg in the distribution of the sciatic or of the anterior crural nerve. Simple tactile anæsthesia is often present, or there may be spots of hyperæsthesia in different parts of the legs, while, as a special feature, retardation of sensation is often noticed. In this case the patient may not feel for some seconds the touch of an object, or a pin-prick may be felt at once as simple touch, the sensation of pain not being recognized for some seconds. Then, too, the functions of certain centres in the cord may be in abeyance, a state of functional hyper-irritability preceding. Thus, the sexual powers are lost early in the disease, possibly after a time of increased excitement. The control of the bladder and rectum are often lost, most frequently the former alone. The "girdle sensation" shows the limit of cutaneous anæsthesia of the trunk, a zone of hyperæsthesia existing just above the latter, owing to the presence of an irritative process at the corresponding level in the cord, which process is the herald of the advancing changes that have caused loss of function below. The junction of the two conditions, anæsthesia and hyperæsthesia, on the trunk is interpreted by consciousness as a sensation of constriction as by a cord or band, and is not peculiar to locomotor ataxia.

Locomotor ataxia, as a disease, is not so simple in its pathology as you might be led to think from what has just been said. There is strong reason for believing that it is a disease of the gray matter. One of its earliest signs is the "Argyll Robertson pupil," in which the reflex action of light is lost while the associated contraction of the pupil when accommodating for near objects, and dilatation of the pupil on relaxing the accommodation when looking at distant objects, are retained. The test should be carried out in a moderately lighted room, and can be made without trouble by telling the patient to watch the point of your index finger, which you then bring close to his eyes and gradually carry away three or four feet from them. As the finger approaches him the patient's pupils will be seen to con-

tract; as it recedes from him they will be observed to dilate. This method of testing is better than to have the patient look out of the window at a distant object and then to read from a book or paper held at reading distance, for the reflected light in the first instance, and the changed position of the eyes in the second, offer some difficulty in determining the result. Testing the influence of light on the pupil is, of course, to be done separately.

Now, contraction of the pupil accompanying increase of accommodation is perfectly normal—the peculiarity of the “Argyll Robertson pupil” is, that with the retention of this normal pupillary action the pupil does not contract under the stimulus of light. The latter action is a reflex one, and there are, undoubtedly, connecting fibres between the anterior pair of the corpora quadrigemina and the nuclei of the third nerves below the aqueduct, so that the absence of this pupillary reaction under the circumstances given, is taken as evidence of degenerative central change. The “Argyll Robertson” pupil is present in the great majority of the cases of locomotor ataxia—in seventy-five per cent. according to Gowers.

Optic nerve atrophy is a frequent accompaniment of the disease, but if it does not occur early it rarely occurs at all. Its frequency has been variously estimated at from ten to fifty per cent. It is probably often overlooked, and in every suspected case the ophthalmoscope should be used to determine its presence or absence.

A condition of myosis, sometimes of high degree, is often present, and may make it extremely difficult to determine the presence of the “Argyll Robertson pupil.”

Degenerative changes have also been found post mortem in the medulla, in the region of the nuclei of the spinal accessory, glossopharyngeal, and pneumogastric nerves. This may explain the existence in many cases of the disease of certain visceral symptoms termed “crises.” The so-called “gastric crises” are the most common, and consist of paroxysms of epigastric pain accompanied by vomiting, first of food, next of mucus, and, if the paroxysm be prolonged, of bile or even of blood. There may be no nausea. The character of the vomiting and the, at times, absence of nausea, point to irritation in the floor of the fourth ventricle as its cause. In a similar way is to be explained the occurrence of “laryngeal crises,” consisting of laryngeal spasm with dyspnoea, cough, and noisy respiration. These attacks are less frequently seen than those just referred to, while, more rare are rectal, nephralgic, and vesical crises—all painful, and with urging as if to expel a foreign body.



"Spinal" myosis and the "Argyll Robertson pupil" are often present in dementia paralytica, and it may be difficult, in the early stages, to differentiate between the latter disease and locomotor ataxia—indeed, a co-existence of the two diseases is not a rarity.

The diagnosis of locomotor ataxia is usually not difficult when the ataxic gait is present; and, even in earlier stages, attention to the conditions already pointed out, will make the diagnosis clear. If a patient comes to you complaining of sharp pains in the legs—he may say he has rheumatism—and the knee jerk is absent (an early symptom), and he has the "Argyll Robertson pupil," you may be sure of the diagnosis. There may be no pains—Romberg's symptom, if present, will more than compensate for their absence. Instead of the lightning pains, patients may have various paræsthesias—I have known them to say that the leg felt as if crushed, or as if there was a burning spot or spots, or to complain of formication in the legs. These, and other sensory disturbances, are only corroborative; they are not diagnostic, for they may occur in neuritis, and, indeed, the effort has been made to connect neuritis, as an antecedent, with locomotor ataxia. The muscular inco-ordination is, after all, the main thing, and you know how to test for it.

Inco-ordination, due to impairment or loss of the muscular sense, is not necessarily confined to the tracts for the transmission of such sense-impulses in the cord. Above the cord, the latter go up in the lemniscus tracts to the muscular sense-area in the posterior part of the parietal cortex. But as a decussation has already taken place, a lesion would give ataxia of the opposite side of the body; hence there would be hemi-ataxia—it is observed generally in connection with hemiplegia, mostly following, but sometimes preceding it, and is best studied with hemi-chorea or hemi-athetosis.

Cerebellar ataxia is usually readily diagnosticated. I do not mean that cerebellar disease, as such, can be easily made out, for disease of the cerebellar hemispheres may exist without a symptom. When the vermiform lobe, however, is implicated, either directly or indirectly, we find evidences of interference with its functions, and although we do not know fully what those functions are, we know that they are concerned in receiving the impressions brought in by the space-nerve from the semicircular canals. Hence, the patient having, so to say, no psychical *point d'appui* is as if he were on swaying ground, or on a tossing ship, and his walk is like that of a drunken man. The aid of the visual sense is of some value in correcting the aberrant condition, for he is distinctly worse with closed

eyes. But, unlike the ataxia of *tabes dorsalis*, this disappears when the patient lies down. If placed on his back, he can perform the most complex muscular action as a test of his muscular sense. Such patients have often been arrested in the streets for being drunk—I know of one such, and a case is recorded in which the patient went protected, so to say, by a medical certificate explaining his disease, and thus relieving him of the charge of intoxication.

When cerebellar ataxia is present, we can always assume the existence of at least a functional disturbance in the vermiform lobe of the cerebellum. There may be a lesion there, or not; if there is, other symptoms may point to it, such as projectile vomiting, in which the contents of the stomach are suddenly and forcibly ejected without antecedent nausea—this is due to the pressure exercised by the enlarged middle lobe upon the floor of the fourth ventricle. Compulsory motions, such as a tendency to turn or to fall to one side, indicate rather trouble in either of the two middle peduncles of the cerebellum, and you can understand how a neoplasm here could press on the vermiform lobe. So, too, a cerebral tumor above the tentorium has pressed upon the vermis, giving rise to cerebellar symptoms.

Implication of the nerve for space sense is apt to include the end organs in the semicircular canals, and with them other portions of the internal ear as well. In such case there are often auditory disturbance, tinnitus and other evidences of internal ear-trouble.

Ataxia does occur in neuritis. Here the evidence of some parietic condition will generally not be absent, while the presence of tenderness along the main nerve-trunks of a limb, together with irregularly distributed anæsthesia and hyperæsthesia, and non-existence of symptoms referable to the spinal cord or to the cerebellum, will make the case plain. Still, I must repeat the not infrequent coexistence of polyneuritis with locomotor ataxia.

Ataxia following diphtheria, and severe attacks of other infectious diseases, is to be charged, for the most part, to consecutive multiple neuritis. But there are cases in which the structures of the brain or spinal cord are involved. Fortunately, such ataxias are only temporary. Their antecedent history will usually insure the right classification, but there is one case on record of posterior spinal sclerosis that developed out of, or at least immediately after, an attack of diphtheria. The ataxias in the course of chronic poisoning by alcohol, mercury, and other toxic agents, are to be attributed chiefly to multiple neuritis, now known to be a manifestation of such poisonous action.



An epidemic—so it has been termed—of poisoning by ergot, occurred some years ago in Germany. A number of cases came to the autopsy-table, and, upon examination of the spinal cords, the posterior columns were found in a condition of recent degeneration; and Dr. A. Lippe has stated that sheep that died after feeding for a long time on horse-chestnuts were found to have the same degenerative changes. But we know that the changes in the cord are only part of the disease termed locomotor ataxia, and, in the absence of more extensive post-mortem examinations, especially of the gray matter of the brain-axis and the peripheral nerves, we must not be led so easily to the belief that either ergot or *æsculus* can cause the disease in question.

A "system disease" of the cord may be a combined one affecting more than one tract, so that posterior spinal sclerosis may exist together with degeneration of the pyramidal tracts and the direct cerebellar tract. Instances of such are ataxic paraplegia and Friedreich's, or hereditary, ataxia; in both, the lateral pyramidal and the posterior columns are the seat of degeneration, but in opposite degree; that is, in the former the lateral tracts are more extensively affected than the posterior columns—in the latter the reverse is the case. Hence, the symptoms differ somewhat. In ataxic paraplegia the loss of motor power in the legs is pronounced, and usually the knee-jerk is excessive, and frequently ankle-clonus can be elicited. In most instances, the affection is more in the dorsal region of the cord than in the lumbar, hence the knee-jerk is not absent, owing to the integrity of the reflex loop concerned in its production, while the loss of inhibition, dependent upon impaired transmission through the degenerated lateral columns higher up, causes the exaggeration of the knee-jerk and the ankle-clonus, while if the knee-jerk is absent, as it sometimes is, it shows the implication of the reflex loop referred to and the jerk will not be restored by any further increase in the degeneration in the lateral columns.

In Friedreich's ataxia, a peculiar disease in its affecting children of the same family and appearing at an early age, the greater involvement of the posterior columns gives rise to symptoms more nearly approaching pure locomotor ataxia, and as the lumbar cord is markedly affected, the loss of the knee-jerk is to be expected. In both Friedreich's disease and ataxic paraplegia, Romberg's symptom and the ataxic gait are present, the latter, however, being less accentuated than in pure tabes, while the loss of motor power in the muscles, although possibly difficult to determine at first, becomes evident as the disease progresses. In Friedreich's ataxia the gait is more like

that of cerebellar ataxia; the impaired transmission of muscular sense impulses by the posterior columns and the faulty transmission of motor impulses by the lateral columns bring about this condition. In ataxic paraplegia the spastic phenomena are predominant, at least after the disease has well advanced. I saw a case which required fully two years for diagnosis. At first, I was of the opinion that I had to deal with an unusual case of disseminated sclerosis, but as the symptoms slowly developed, first, the spastic gait, then the addition of some ataxic quality to the latter, and finally, the presence of Romberg's symptom, and other evidences, under different tests, of spinal ataxia, settled the question.

The term inco-ordination has been employed to describe some of the phenomena exhibited by disseminated sclerosis, but I think this is too wide an application of the word. We will consider the disease under another classification.

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#### A STUDY OF ABSINTHIUM.

BY EDWARD F. BRADY, M.D., KANSAS CITY, MO.

(Read before the Missouri Institute of Homoeopathy.)

TEMPORARY amnesia usually comes suddenly and disappears in the same way. It lasts for a period of time that may vary from five minutes to years. The briefest and clearest cases, as also the most common, occur in epilepsy. Physicians are not agreed either as to the nature, the seat, or the cause of this disease. . . . Suffice it to say, that authors with one accord recognize three forms of epilepsy, viz: *grand mal*, *petit mal* and vertigo; that they regard these less as distinct varieties, than as degrees of the same morbid state; finally, that the milder the disease in its external manifestations, the graver its effect on the mind. Epileptic attacks are succeeded by mental derangement which may betray itself by oddities and absurd acts, or by crimes. All these possess a common character, called by Hughlings Jackson, *mental automatism*. They leave no recollection save in rare cases, where a few faint traces of memory may remain.

*Cases.*—A patient while advising with his physician is seized with epileptic vertigo. He recovers immediately, but forgets that he paid the fee a moment before the attack. A clerk finds himself seated at his desk, his thoughts slightly confused, but otherwise without ailment. He remembers having ordered his dinner at a restaurant, but from that moment forward, he had no recollection of anything. He goes back to the restaurant, and there learns that he has eaten dinner and



paid the bill, and that he left for his office without appearing ill. In this instance memory was in abeyance for about three-quarters of an hour. Another epileptic, seized with a fit in a shop, falls to the floor, rises again, and runs away, leaving behind his hat and notebook. "I was found," said he, "a quarter of a mile away; I inquired for my hat in all the shops, but I was unconscious of what I was doing, and did not come to myself again till ten minutes later, when I reached the railroad." Trousseau relates the case of a magistrate who, while attending a meeting of a learned society in Paris, went out bare-headed, walked as far as a quay, and returned to his place to join in the discussion, without any recollection of what he had done. Often-times the patient keeps on performing, during the period of automatism, the acts in which he may have been engaged at the moment of the attack, or he comments upon something he may have been reading. Nothing is more common than unavailing attempts at suicide, but when the fit of epileptic vertigo has passed away, there is no recollection of them whatever. The same is true with regard to criminal attempts. A shoemaker seized with epileptic mania on his wedding day killed his father-in-law by stabbing him with his knife. Coming to his senses a few days afterwards, he had not the faintest suspicion of what he had done. From these examples you may get a better understanding of the nature of epileptic amnesia than from any general description of it.

I have opened my paper on the subject selected with the foregoing remarks on temporary amnesia, in order to call your attention strongly to a pathological state or states, wherein I think the drug under discussion becomes available and useful. I find a close correspondence between those states and the pathogenesis of absinthium. I, therefore, believe that this remedy is well worthy of further thought and investigation. Prof. Farrington limits the general utility of absinthium to the sleeplessness of typhoid fever when there is congestion at the base of the brain; in accordance with the recorded symptom "congestion of brain and spinal marrow, or hyperæmia of brain, medulla and spine," under "Tissues." But this use of the drug is confined to too narrow a field of action, if the symptoms recorded have any value. Epilepsy, the disease in which I believe we will be able to utilize this medicine, is very common, and, as we all appreciate, very difficult to cure; hence any addition to our armamentarium, that will hold out a promise of usefulness in this disease should be given a fair and intelligent trial.

The correspondence or similarity of certain phases of this disease to proved and recorded symptoms of absinthium is very complete.

*Artemisia absinthium* (worm-wood) is a perennial plant, native of Europe, where it is cultivated. It is also found among our garden herbs, and has been naturalized in the mountainous districts of New England. The leaves and flowering summits are employed (the larger parts of the stalk being rejected), and should be gathered in July or August when the plant is in flower. They preserve their peculiar sensible properties long when dried.

Worm-wood has a strong odor, and an intensely bitter nauseous taste, which it imparts to water and alcohol. It yields by distillation a volatile oil (*oleum absinthii*). The dried herb yields more than the fresh. Worm-wood was well known to the ancients. It is regarded as highly tonic. Its active principles probably enter the circulation, as it is said to render the flesh and milk of animals fed with it bitter. It formerly enjoyed great reputation in numerous complaints attended with a debilitated condition of the digestive organs or of the system generally. Before the introduction of Peruvian bark it was much used in the treatment of intermittents. A drug of formerly such good repute should be reclaimed. It should be brought out of its present innocuous desuetude, and again, under the intelligent methods of homœopathy, applied in practice.

The uses of absinthe as a beverage and the results may be reviewed with advantage. A French physician, who has studied the physiological effects of absinthe drinking, distinguishes two trains of results according as the victims indulge in violent excesses of drinking or only in continuous steady tipping. In the case of excessive drinkers there is first the feeling of exaltation peculiar to a state of intoxication. The increasing dose necessary to produce this state quickly deranges the digestive organs and destroys the appetite. An unappeasable thirst takes possession of the victim, with giddiness, tingling in the ears, and hallucinations of sight and hearing, followed by a constant mental oppression and anxiety, loss of brain-power, and, eventually, idiocy. The symptoms in the case of the tippler, commence with muscular quiverings and decrease of physical strength; the hair begins to drop out, the face assumes a melancholy aspect and becomes emaciated, wrinkled and sallow.

Lesion of the brain follows; horrible dreams and delusions haunt the victim, and gradually paralysis overtakes him and lands him in his grave.

*Symptoms of Absinthium in full.*—Memory of events taking place



prior to attack of vertigo or spasms, a complete blank. Insane, brutal stupor alternates with dangerous violence. Hallucinations of sight and hearing, followed by mental oppression and anxiety. Vertigo on rising. Insensible, with convulsions. Acts as if intoxicated.

Horrible dreams and delusions. Congestion of brain and spinal marrow; patient is better in a recumbent position; wants to lie with the head low. Dropping off of the hair.

Sight dim, pain in the eye-balls; eyes wet and suffused with tears; delusions; sees imaginary objects.

*Discharge from the ears.* Tingling in the ears. Hallucination of hearing.

Face wears a foolish look or melancholy aspect, emaciated, wrinkled and sallow; redness of face; during epileptic spasms, corners of mouth drawn down, giving the face a hideous appearance.

Lower jaw firmly set, foaming at the mouth, tongue protruded and bitten during spasm, tongue thick, can scarcely talk. Trembling: seems paralyzed. Nausea and vomiting in morning. Nausea apparently in region of gall-bladder; pain in spleen, which is enlarged and swollen.

Echymosis in the stomach, and in the endocardium and pericardium. Abdomen filled with flatus. Bloating around the waist. Worms. Constant desire to urinate; urine deep orange color, of strong odor. Promotes the menstrual flow; used beneficially in chlorosis.

Convulsive movement of the limbs in epilepsy; bending backward with the spasms. Trembling before epileptic attack; loss of consciousness. Falls with the attack; grinding of the teeth, followed by deep stupor.

*Paralysis of inner organs. All symptoms better from motion.\**

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## THE TONGUE IN DISEASE.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

MEDICAL diagnosis teaches both allopathists and homœopathists the same lessons, but how different the benefit they derive from such a knowledge! Both observe, for instance, the mode of protruding the tongue, its bulk, its condition of dryness and moisture, its color, its

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\* In the case of drunkards from absinthe the most pronounced and constant symptom is aberrated tactile sense, especially in the median nerve. Pathological investigation shows atrophied condition of the hippocampus major. Dr. Thorne has successfully used this remedy as above indicated.

coatings, its temperature, etc. Both know that the general indications afforded by this organ are most important, since it not only sympathizes with the different parts of the alimentary canal and the organs connected therewith, but more or less with the whole system. But only the homœopathists can obtain practical results from all this knowledge. Let us see how far these assertions are correct. Allopathists and homœopathists know equally well, that when in acute febrile diseases its movements are not under the patient's control; that, when upon being requested to put out the tongue, there is inability to do so; or that when the organ trembles much in the attempt, there is either great prostration, or some exhausting nervous disorder, or dangerous cerebral disease.

They both know, likewise, that in the early stage of typhoid and typhus fevers the tongue is tremulous; that under the same circumstances, a difficult, hesitating mode of speaking, resembling stammering, is very unfavorable; that slight paralysis of the muscles of the tongue, giving rise to indistinctness of speech, is not infrequently the forerunner of general palsy; that in chorea, the manner of suddenly protruding and as rapidly withdrawing the tongue is very peculiar; that in cases of facial paralysis, and especially in hemiplegia, when the twelfth nerve is influenced by the paralyzing lesion, the tongue will be protruded towards one side. They know also that the tongue may become enlarged from inflammation, or as the result of small-pox, scarlatina, syphilitic or cancerous deposits, or the action of mercury and other poisons; that chronic hypertrophy sometimes takes place without any appreciable cause; that when the enlargement of this organ is not sufficient to be very obvious, it may be frequently recognized by the appearance of indentations on the sides, caused by the pressure of the teeth; that at the commencement of salivation, such an appearance is common; that it may also be seen in debilitated and dyspeptic subjects who have little tone in the system; that when actual diminution in the size of the tongue occurs, it is probably due to a deficiency in the quantity of the blood, or to feebleness of the heart's action. They do not ignore that those who sleep with the mouth wide open, may have a dry tongue in the morning on waking, from the free evaporation; but they know equally well that dryness often depends on a deficiency of saliva, or of mucus, and indicates a general tendency to diminished secretion; that it is most common in continued fevers, in the exanthemata, in inflammation of the abdominal viscera and the serous membranes, and in many other diseases of an acute and febrile nature; that the tongue, after having been furred



and loaded, becomes dry, rough, hard, and dark-colored, indicates a state of great and most dangerous prostration, with contamination of the blood, and suppression of the secretions. They know, further, that humidity or moisture is generally a favorable symptom, especially when it supervenes upon a dry or furred condition; that in acute disorders, the humidity first appears at the sides, and gradually extends, and that the change is usually accompanied with a diminution in the severity of the general symptoms. They watch with the same care, any change in the color of the tongue; they understand how a pale color is frequently associated with similar appearance of the gums and lips, and that this change is seen in anæmia, after loss of blood, in affections of the spleen, and during the progress of chronic disorders. They know that a very red tongue occurs for the most part in inflammation of the palate, tonsils and pharynx or of the peritoneum, and in the course of the exanthemata; while in gastric and bilious fevers, and in severe dyspepsia, the redness is often limited to the tip and edges of the organ. A livid or purple color suggests to them that the blood is insufficiently aerated.

They keep an eye upon the development of aphthæ on the tongue with equal solicitude, as such a condition does not only occur in infancy (constituting the special disease called thrush), but in adults in the last stage of phthisis, and in several other severe visceral diseases, when tending towards a fatal termination. They know, likewise, that a diminished temperature of the tongue may be noticed in all diseases hastening to a fatal termination; that in the collapse of epidemic cholera, the coldness of the tongue is always well marked. They are alike aware of the importance of a furred tongue and consequently observe carefully the degree of the morbid coating in regard to extension, thickness and color, bearing in mind that although the presence of a fur is not always a sign of disease, since some persons habitually have a coated tongue, especially on rising in the morning, still such a condition is common in inflammations, in irritation of the mucous membranes, in diseases of the brain and its membranes, in all the varieties of fever, and, in short, in almost all acute and dangerous maladies. They have learned that when the fur is white, thick, moist, and uniform, it usually indicates an active state of fever, without inflammation of internal organs, and without any malignant tendency; when of a yellow hue, that there is generally disordered action of the liver, with retention of bile in the blood; that when brown or black, a low state of the vital powers is indicated, with contamination of the blood; that when the tops of the red and swollen

papillæ project through the white fur, giving the tongue a strawberry appearance, we have one of the symptoms of scarlet fever, etc. They are equally observant of the manner in which a furred tongue begins to clean, for it is a sign of a rapid and lasting convalescence when the fur slowly retires from the tip and edges, thinning gradually as it recedes; for when it separates in flakes and patches, beginning at the middle or near the root of the organ, and leaving a smooth, red, glossy surface, the convalescence is apt to be more tedious and interrupted. They know that sometimes the fur recurs again and again before ultimately disappearing, especially in cases where the advance towards health is uncertain and unsteady; that when the crust is rapidly removed and the exposed surface left of a raw appearance, or glossy, or fissured, or dark-colored, the prognosis is unfavorable; and lastly that cracks and small ulcers along the under side of the tongue, are indicative of syphilis, and in this disease, flattened white patches (psoriasis) may be seen over the surface of the tongue, often in connection with psoriasis palmaris. But while they both are acquainted with these different abnormal conditions, only the homœopathists can put to practical use this knowledge in the treatment of diseases, and the reason is because they treat their cases symptomatically. Of course the characteristic indications afforded by the tongue, occur as symptoms in various diseases, and do not constitute in themselves special maladies, consequently they are often useful in determining the choice of the similimum. The allopathists, on the other hand, can only utilize this knowledge in diagnosis. For example, if in the course of typhoid fever the movements of the tongue are not under the patient's control, and upon being requested to put out the organ there is inability to do so, or it trembles much in the attempt, we not only know that the brain is dangerously involved and the prostration is great, but we have then at hand valuable symptoms for the selection of the remedy.

#### REPERTORY.

##### TONGUE:

- adhering to the palate as if.—*Caust.*
- anterior part of. (See Forepart.)
- aphthous.—*Æthus., borax, illic, merc., nux v., phos., plumb., sulph. ac.* (in spots).
- ash-colored.—*Merc. j. fl.*
- back part of.
- black.—*Verat. alb.*
- burnt feeling.—*Phyto.*



TONGUE: *back part of.*

- — furred thickly.—*Kali b.* (yellow), *nux v.*, *phyto.*
- — hair, sensation of a.—*Kali b.* (forepart), *sil.*
- — painful, as if swollen.—*Spig.*
- — swollen.—*Ars.*, *phos.*
- — tubercles and vesicles, painful.—*Graph.*
- — yellow bright (tip and edges red).—*Merc. j. fl.*
- *base of.*
- — blisters, full of, in part, and in part excoriated.—*Canth.*
- — painful, when protruded.—*Cocc.*
- — swollen.—*Phos.*
- — yellow, thick.—*Merc. j. fl.*
- bites it.—*Absinth.*, *diosc.*, *ign.* (when talking or chewing),  
*phos. ac.* (the side involuntarily; also at night), *thuja* (frequently).
- biting.—*Acon.*, *arn.* (sense of).
- bitten, as if.—*Plumb.*
- black.—*Arg. nit.* (like the teeth), *carb. v.*, *china*, *laches.* (and stiff), *leptan.* (down the centre), *lycop.* (and cracked), *merc. s.*, *nux v.* (and cracked, with bright red edges), *opi.*, *verat. alb.* (back part).
- blackish.—*Secale.*
- blisters.—*Amm. c.*, *carb. v.*, *graph.*, *hell.*, *nat. m.*, *spig.*, *thuja.*, *zinc.* (See Vesicles).
- — burning, on edges.—*Carb. ani.*
- — full of, in part, and in part excoriated.—*Canth.*
- — stinging, on edges.—*Apis*, *caps.*
- blue.—*Carb. v.* (sticky and moist), *dig.*
- bluish.—*Ars.*, *mur. ac.* (and sore), *sabad.* (tip, rest white).
- broad.—*Kali b.*, *viburn.* (and white, centre brown).
- — feels too.—*Plumb.*, *puls.*, *zinc.*
- brown.—*Ailant.* (in the middle), *arn.* (dry and a streak down the middle), *ars.*, *bapt.* (down centre and dry), *bell.* (mucus), *cup.*, *diosc.* (and sore on tip), *eup. pur.* (along the centre), *gels.* (thick), *hyos.* (dry, and cracked, hard), *iod.* (and dry), *laches.* (centre, tip red), *plumb.* (dry and cracked), *rhys tox.* (mucus), *secale*, *silicea* (mucus), *spong.* (dry), *sulph.* (dry).
- — dark.—*Bryon.* (rough, cracked).
- — light.—*Actea r.* (more in the middle).
- brownish.—*Nux v.*

## TONGUE:

- brownish yellow.—*Cina, ptelea* (dry), *rumex*.
- bruised feeling.—*Arn., secale*.
- burned, as if.—*China* (raw), *merc. s.* (in the middle, even when moist), *rumex* (dry).
- burning.—*Acon., ars.* (violent), *arum, castor* (upper surface), *cham., caust., laches., oxalic ac., phos. ac., spig.* (with blisters), *sulph.* (pain) (see tip and edges).
- burnt feeling.—*Ign.* (and sore, when eating), *mag. m., merc. s.*
- cancer.—*Ars., hydras., kali cyan., silicea, thuja.* (Tarent.?)
- canker spots near tip.—*Ham.*
- catches behind the teeth.—*Laches.*
- centre of.
- — black down the.—*Leptand.*
- — brown.—*Bapt., eup. pur., laches.* (red tip).
- — chapped deeply.—*Merc. j. fl.* (rest dry).
- — dry.—*Ant. tart.* (red), *apis* (white), *stram.* (yellow).
- — fissured.—*Mezer.*
- — hard.—*Baryta c.*
- — red.—*Ant. tart.* (dry), *cham.* (sides white).
- — white.—*Apis* (dirty, dry), *bell.* (with red edges, or two white stripes), *gels.* (red margin), *petrol.* (and a dark streak along edges), *stram.*
- — yellow.—*Collins.* (also base), *flour. ac.* (tip and edges red), *leptand.* (down), *stram.* (dry).
- — yellowish brown.—*Baptisia* (late).
- chapped, in centre.—*Merc. j. fl.* (deeply).
- — painful feeling.—*Merc. s.*
- — surfaces.—*Benz. ac.* (deeply, fungoid).
- clammy fur.—*Bell.* (white, which can be pulled off in strings).
- — mucus, on.—*Phos. ac.* (also tough).
- clean.—*Actea r.* (pointed and trembling), *dig., ipec., hyos., nux v.* (anterior half), *verat. alb.* (with vomiting).
- — tip.—*Mag. m.* (large and flabby). (?)
- — edges.—*Mag. m.* (large and flabby). (?)
- cleans off in patches, leaving dark red, tender sensitive spots.—*Tarax.*
- coated.—*Ant. tart., arn., bell., bryo., cham., china, ign., ipec., merc. s., nux v., phos., puls., rhus tox., sep., sil., sulphur.*



## TONGUE:

- coated, thick.—*Ailanth.* (whitish), *ant. c.* (white), *ant. tart.* (white), *ars.* (red edges), *canth.* (red edges), *chelid.* (yellow, with red margin), *china* (dirty), *chin. sulph.* (yellow), *gels.* (brown), *iod.*, *kali bich.* (yellow, with red edges), *merc.* (dirty yellow), *merc. jod. fl.* (yellow, at base), *mezer.* (white, with large red papillæ), *myrica* (yellowish, or dark crust), *nux v.* (white or yellow), *oxal. ac.* (white), *phos.* (black crust), *phyto.* (at base), *psorin.* (whitish yellow slime), *sabad.* (yellow), *secale* (tenacious). SEE ASH-COLORED, BLACK, BROWN, BROWNISH, GREEN, GRAY, MILKY-WHITE, WHITE, WHITEISH, YELLOW, YELLOWISH, ETC. Also, BACK PART, CENTRE, MIDDLE.
- cold.—*Acon.*, *bell.*, *camph.*, *lauroc.*, *verat. alb.*
- coldness, feeling of.—*Acon.* (cold air), *bell.* (fore part, together with dryness), *cistus c.* (when air is inhaled), *hydrocy. ac.*
- contracted.—*Agar.*, *hyos.* (at root), *merc. c.* (whitish), *nux v.*
- convulsion of.—*Lycop.*, *secale* (see spasms).
- corrugated.—*Natr. ars.* (deep red).
- covered with fur.—*Bell.* (white and clammy, which can be pulled off in strings), *phos.* (black crusts).
- — with mucus.—*Bell.* (brown), *carb. v.* (yellow-brown), *kali bich.* (ropy), *merc. s.*, *nit. acid* (tough, ropy, with ulcers), *phos. ac.* (clammy, tough), *puls.* (tenacious), *psorin.* (whitish-yellow), *rhus tox.* (brown), *silicea* (brownish).
- — with ulcers.—*Caps.* (flat, sensitive, spreading), *kali bich.* (small, painful), *natr. mur.* (also vesicles). (See ulcers.)
- — with vesicles.—*Ars.* (painful, burning), *apis* (stinging), *canth.* (at base), *hell.*, *natr. mur.* (smarting and burning when touched by food), *spong.*, *zinc.* (See Vesicles.)
- cracked.—*Ailant.*, *apis*, *arum*, *bapt.*, *bell.*, *bryo.*, *cham.*, *china*, *hyos.*, *kali bich.*, *nux v.*, *phos.*, *plumb.*, *puls.*, *rhus tox.*, *spigel.*, *sulph.*, *verat. alb.*
- — edges.—*Nux. v.* (rest black or dark red).
- — middle, across the.—*Kobalt.*
- — tip.—*Laches.*
- cramp.—*Borax*, *lycop.*
- creeping.—*Platina.*

## TONGUE:

- crusty.—*Myric.* (dry and dark, rendering it almost immovable),  
*phos.* (black).
- cutting.—*Bovis.* (as with a knife).
- darted out.—*Lycop.* (and oscillating to and fro).
- darting.—*Aranea d.* (like electric shocks).
- denuded.—*Cup. ars.* (in spots), *ranunc. s.* (on both sides, like islands, the rest thickly coated).
- — tip.—*Oxal. ac., sulph. ac.*
- difficult to move.—*Ant. tart., apis, arg. nit.* (from spasms),  
*bapt.* (thick), *carb. v.* (heavy), *colch., con.* (paralysis), *crotal.*  
(feels tied up), *cyclam.* (from blisters), *dulc.* (paralysis), *gels.,*  
*hyos.* (paralysis), *kali brom.* (from disordered action), *laches.*  
(heavy and trembling), *lauroc.* (swollen and stiff on left side),  
*lycop.* (stiff and dry A.M.), *mur. ac.* (heavy), *myrica* (from  
crusty deposits), *niccol.* (stiff), *nux m.* (paralysis), *nux v.*  
(heavy), *phos.* (crusts), *secale* (from spasms), *sulph. ac.* (dry  
and inelastic), *verat. alb.* (heavy), *zinc* (swollen on left side).
- difficult to protrude.—*Apis, colch., gels., hyos., laches., merc.*
- dirty.—*Bryo., china, lycop., olean., sulph.*
- — yellow.—*Merc. s., opium.*
- discolored.—*Secale.*
- disordered action of.—*Kali brom.*
- distended.—*Lycop.* (giving patient a silly expression).
- distorted.—*Caust.* (when talking).
- dorsum, sore.—*Calc. ostr.*
- dotted.—*Petrol.* (with yellow spots), *stram.* (with fine red  
points, on white coat).
- doughy.—*Ars.* (and pale).
- drawing in.—*Castor* (towards throat, also jerking).
- drawn.—*Ars.* (together), *plumb.* (to the left), *tarent.* (back-  
wards).
- dry.—*Acon., agar., ailanth., aloes, alum* (on waking), *apis,*  
*arg. n., arn., ars., baptis.* (early), *bell., borax* (P.M.), *bryo.,*  
*calc. o.* (at night, and mornings on awaking), *carb. a., carb.*  
*v., cham.* (with thirst), *chin. sulph., coffea, cup.* (and rough),  
*diosc., dulc., fluor. ac.* (whitish), *hell.* (red), *hyos., iod., ipec.,*  
*kali bi., kali br.* (and red, or brown and dry late), *laches.*  
(black and stiff), *merc.* (red), *merc. jod. fl.* (deeply chapped  
centre), *myrica* (crusty), *nat. m., nit. ac.* (A.M., also fissured),  
*nux m.* (at night or on awakening), *nux v., olean.* (white),



## TONGUE, dry:

- paris* (no thirst), *phos.*, *phyto.* (yellow), *plumb.* (brown), *podo.* (on awaking), *psorin.*, *ptelea* (brown-yellow), *rhus tox.* (not coated, or red and cracked), *rumex* (as if burned), *secale* (yellowish-white), *sepia* (rough), *spong.*, *stram.*, *sulph.* (A.M., brown), *sulph. ac.*, *vibur.*, *zinc.* (coated at the root).
- — tip.—*Psorin.* (feels scalded).
- — dryness, feeling of.—*Acon.* (in the middle), *apis*, *beli.* (in fore-part, also coldness), *nat. m.* (but is not dry), *phos. ac.*
- — without thirst.—*Nux m.*, *paris*, *puls.*
- — edges, blisters on.—*Apis*, *caps.* (stinging), *carb. ani.* (burning).
- — clean.—*Mag. m.* (also tip), *nux v.* (rest black, or dark red).
- — flabby.—*Mag. m.* (large and yellow).
- — folded like little bags.—*Illicium.*
- — livid.—*Ailanth.* (also tip).
- — pain.—*Caust.* (burning).
- — red.—*Ant. c.* (sore), *ant. t.*, *ars.*, *baptis.* (shining), *bell.* (light), *canth.* (rest furred), *chelid.* (rest thick yellow), *fluor. ac.* (also tip, centre yellow), *gels.* (centre white), *kali bich.* (and full of small painful ulcers, rest thick yellow), *nux v.* (bright, rest black and cracked), *sulph.* (also tip, rest white), *verat. alb.* (also tip, rest white).
- — — scalded, as if.—*Puls.*
- — — scalloped.—*Kali bich.*
- — — show print of teeth.—*Merc. jod. fl.*
- — — sore.—*Ant. c.*, *puls.* (as if scalded).
- — — ulcerated.—*Cicuta.* (white, painful burning ulcers), *merc.*, *nit. ac.* (deep, irregular ulcers), *silicea* (right side ulcer, eating into it and discharging pus).
- — — yellow.—*Mag. m.* (large and flabby).
- — — enlarged.—*Kali bich.* (dry and red).
- — — feels.—*Æthus.*, *paris*, *petrol.*, *puls.*
- — — excoriated.—*Ars.*, *canth.* (and full of blisters), *oxal. ac.*, *nit. ac.*, *sulph. ac.*

(To be Continued.)

## Gavage in Cases of Premature Birth.

Dr. Joseph Price uses the following system of gavage in cases of premature birth, at the "Maternity Hospital:" One and a half drachms of human milk are every hour forced into the child's stomach through a soft-rubber catheter by means of a small glass syringe.—*American Journ. of Obstetrics*, June, 1888.

## PROCEEDINGS OF SOCIETIES.

## BRITISH HOMŒOPATHIC SOCIETY.

AT the meeting of the British Homœopathic Society, held on June 27th, 1888, Dr. Galley Blackley read a paper on "Two Cases of Enteric Fever treated in the London Homœopathic Hospital with Special Remarks on Peptonized Foods." The first case described, was that of F. C., æt. 28 years, admitted December 14th, 1887. Fourteen days before, he was attacked with pain in the abdomen and diarrhœa, and before admission, he passed blood. An examination on admission, showed the characteristic spots on the abdomen, and lungs and heart normal. Arsenic 3<sup>x</sup>, gtt. j. every three hours, and milk and brandy were prescribed. The bowels opened twice, and the stools were black with blood. The abdomen was tender and tympanitic. Under treatment by remedies, as china  $\phi$ , bryonia 1<sup>x</sup>, and arsenicum 3<sup>x</sup>, as indicated, with careful dietetic precautions, the case progressed to recovery. On January 8th, a tender spot visibly raised appeared above the ankle.

Case II. was that of a house-maid, æt. 22. She was admitted April 12th, 1888. Rose spots were observed on the abdomen. The bowels were constipated, and continued so throughout the case. The tongue was red and glazed.

*Choice of Foods.*—The essayist advised the use of peptonized foods when there is tympanites. Pancreatic is better than peptonized foods, since in them, both proteids and starches are digested. Peptonized foods, as enemata, are very much better than the ordinary nutrient enemata.

## DISCUSSION.

DR. DUDGEON enforced the necessity for careful feeding in these cases.

DR. DYCE BROWN said that the question of giving stimulants depended on the merits of each case. A useful guide was the distinctness with which the heart's second sound can be heard at the base, which he considered a better guide than the pulse.

DR. ROBERSON DAY called attention to the tender place above the ankle, in the first case, which, he believed, was due to periostitis. This is a genuine sequela of typhoid fever. The retention of urine he had experienced in his own case when attacked with enteric fever.

DR. OGDEN JONES advocated the advantage of giving enemata in



cases of enteric fever with constipation, which got rid of morbid products, and prevented re-absorption of germs.

DR. TUCKY said stimulants were not used at the Temperance Hospital in these cases, and no doubt the peptonized foods supplied their place to some extent.

DR. MOIR said he gave for diet milk or koumiss alone, and thought there were too many peptonized foods in the market. Benger's food, he thought the best. He also considered that constipation should be relieved by enemata.

DR. MURRAY asked if, in cases of constipation, relapses were more common, as he thought re-absorption in these cases should be more common, and should lead to this. It seemed to him that diarrhœa might be set up by enemata.

DR. ROTH complimented Dr. Blackley on the able way in which the notes had been taken at the hospital. He mentioned a case, in which contraction of the toes followed enteric fever, and persisted for years afterwards.

DR. NEATBY considered the constipation might be left ten to twelve days, and treated homœopathically, and in the end the bowels would act naturally, and questioned if relapses were due to absorption in cases of constipation.

DR. BLAKE had abandoned the use of alcohol in these cases, and did not allow solid food for two months after subsidence of temperature; he spoke highly of the good of arsenicum in such cases, and never gave alcohol. He thought that "kef" was better than koumiss. Anuria is best treated by bryonia, if simple retention; by opium, if due to suppression. Hyoscyamus is the remedy for the delirium; muriatic acid for the deafness; arsenicum, mercurius, iris and pyrethrum for the diarrhœa. He had met a case of periosteal abscess as a sequela of typhoid fever.

DR. BLACKLEY said that at Vienna, no stimulants, or only very weak wines, are given in such cases. He himself was averse to stimulants generally, but the first case was collapsed on admission. He had seen a case of periosteal abscess over the femur. He generally allows constipation to go three days, and then carefully gives an enema. In his next case he hopes to use glycerine. Tepid compresses were used, some time or other, in all cases treated in the hospital. Benger's food, liquor pancreaticus, koumiss and kefir, he recommended highly. He has given antipyrin in rheumatic fever in the typhoid state, with a temperature of 106°. Fifteen grains were given, for two doses, which reduced the temperature.

## EDITORIAL DEPARTMENT.

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All communications to this journal must be contributed to it exclusively. The editors rely on all contributors conforming strictly to this rule. Rejected manuscript will be returned to the author.

Reprints or copies of the journal containing their article will be gladly furnished writers if a request for the same is sent with the manuscript.

The editors are responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors. No discourteous or anonymous communications will be recognized.

All exchanges, books for review, and all communications should be addressed to, and all checks and money orders drawn to the order of the HAHNEMANNIAN MONTHLY, 1506 Girard Avenue, Philadelphia.

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### THE INSTITUTE MEETING AND ITS RESULTS.

THE forty-first annual session of the American Institute of Homœopathy has come and gone. The important position taken by the Institute in regard to medical education and medical legislation, the many valuable essays presented, and the practical character of the discussions, will never permit the occasion to pass from memory. The President's address was of unusual merit. Though lengthy, it abounded in such practical suggestions, and was characterized by such sound logical reasoning, that the interest of the audience was maintained till the end. The recommendations respecting medical education were especially opportune. That they were thoroughly appreciated on the part of the Institute is fully attested by the unanimity with which that body adopted a resolution providing for a compulsory three years' course of study in all homeopathic colleges. The President departed from established usage when he recommended that essayists be permitted to publish their papers in the medical journals any time after their presentation to the Institute, if they so desire. This recommendation received the endorsement of the committee to which it was referred, and was adopted with but little opposition. This we believe to be a wise move, inasmuch as it affords every member of the Institute presenting a paper an opportunity to place that paper before the profession with a certainty that it will be read. Heretofore the lack of ability to attend the meetings, and the fear that their papers will be read by title and buried in the *Transactions*, have prevented members from presenting their best thoughts to the Institute for discussion. One great trouble with the Institute in the past has been that too much time has been occupied in the reading of papers and too little by discussion. We doubt not that the publication of papers in the medical journals will do away with this evil. Authors will have less objection in future to having their papers read by title,



in case want of time demands such a course. The only objections to the publication of the papers in the journals arose from the fear that the membership of the Institute would be weakened, and the sale of copies of the *Transactions* prevented thereby. How much there is in these objections time alone can tell. We regret that Dr. Cowperthwaite's suggestion, that the Institute appoint an officer whose duty it shall be to furnish the press with reports of the meeting and secure their publication, was not adopted. The substitute offered, to the effect that reports of the meeting be submitted to the President or the Secretary of the Institute for approval, is practically valueless. The press is a free body. Its reporters will have access to any and every public meeting, and cannot be affected by a resolution.

The report of the Committee on Pharmacy was in every way as creditable to its members as in former years. It is a matter of regret that the physicians who have so long and faithfully worked in this field should have seen fit to decline further service. The new committee, however, is one which gives every promise of good work and original research. Of the papers presented we can speak only in praise. In the present issue we present to our readers those by Drs. C. M. Thomas and W. C. Goodno, and in a future number that by Geo. S. Norton, and possibly others. The discussions, too, were good. We think that they would be much improved if they were to take place immediately after the reading of each paper and not at the close of the bureau report. The weakness of the present method is well illustrated by the sectional meeting in Pædology. Debaters jumped back and forth from the subject of diphtheritic paralysis to reflex irritation a half dozen times or more.

We would feel it a neglect of duty if we failed to compliment the Committee of Arrangements for their work. With the exception of one or two matters, for which they were not responsible, the meeting was eminently successful.

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#### OUR NEW DEPARTMENT.

For years the "Gleanings" have been growing in popularity, and, if we may judge from some letters we receive, they must be reckoned among the strong points of *THE HAHNEMANNIAN*. We have done our best to keep up the standard of a department which, in point of fact, owes its success, if not its existence, to the labors of Dr. Bartlett.

We take this opportunity to express our heartiest thanks to that

indefatigable veteran, our good friend, Dr. Lilienthal, who, though he has turned his fiftieth year of practice, still shows a literary activity and diligence that puts his younger *confrères* to the blush. May we, for many a year, receive, from the land of the setting sun, that monthly batch of valuable gleanings and translations, with now and then an article or remark from a rich experience and a ripened mind, in the good old familiar handwriting.

Realizing that to most of our readers gleanings from homœopathic literature will be of especial value and interest, and that most physicians are unable to get access to or go over all the journals of our school, we have decided to establish a MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS, and begin the same with this number. This department will be under the charge of Dr. Charles Mohr, Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Philadelphia, assisted by Dr. Edward R. Snader, Lecturer on Physical Diagnosis in the same institution. Dr. Mohr is already well known, not only as a teacher but also as an indefatigable worker in this field, and Dr. Snader is fast winning for himself an enviable reputation in the same line. In the hands of these two gentlemen we feel sure the department will be safe and a success, while their liberality of opinion will be a guarantee that the much hackneyed potency fight will not be fostered, but that both sides will be presented with impartiality and for the advancement of science. Everything of interest published by our esteemed contemporaries that belongs to this department will be boiled down for the benefit of our readers (due credit of course being given), who will thus have a handy *résumé* that will save them valuable time, to say nothing of expense.

The idea of such a Retrospect is by no means original, but the popularity of Dr. Raue's "Annual Record" afforded ample proof of the want of such a publication. It will be our aim to fill the place vacated by this valuable work, and, if possible, to improve on it by making our budget appear every month.

We can assure our readers that the *Gleanings* will continue just as before, with such additions and improvements as a constantly increasing material, foreign as well as American, and diligent attention will surely bring about. To make room, however, for the Retrospect, the News Items have been transferred to the advertisement pages which will now be known as THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER, our newspaper so to speak. It will be readily seen that these pages belong to our readers, on whom



we must rely for the material to fill them, and we most cordially invite every one to send us any news of interest to the profession. Our policy being, as we have already insisted, to make *THE HAHNEMANNIAN* a national publication, perfectly independent and bound to no clique, faction, society or locality, we desire to have news from every quarter: Society announcements, hospital notes and changes, removals, location notices, marriages, deaths, etc., etc., in fact all that will go to make up a medical newspaper. The invitation is given, the pages are ready; will our readers make them a success?

We would call attention to the report of the meeting of the British Homœopathic Society in this number, for which we are indebted to Dr. Roberson Day, of London, who has very kindly consented to act as our regular correspondent, and we feel sure that his letters will be read with interest. Several others, in different parts of the world, have agreed to do similar duty, and we hope that by this correspondence the members of the profession in every quarter of the globe may become better acquainted and drawn more closely together.

We trust that our readers will approve these alterations and additions as steps in the right direction, and will receive them with the same favor they have shown our every effort.

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## REVIEWS.

*A SYSTEM OF OBSTETRICS.* By American Authors. Edited by Barton Cooke Hirst, M.D. Vol. I. Philadelphia: Lea Brothers & Co. 1888.

But a few years ago, comparatively, specialties in medicine were unknown. The practitioner, then, was supposed to be informed in all branches of medicine, and such works as were written upon any particular branch, whether in surgery or obstetrics, were of small size, and yet were supposed to contain all that was known or that was necessary to be known. Then came the era of specialties, and soon we found authors and publishers issuing modest little works devoted to different studies. Now we find, however, that these specialties have grown more and more in size until it becomes necessary to have specialties within specialties; and so, now, instead of the small-sized works of the past, our books of this age have grown into systems and cyclopædias.

None that has come before us is of greater importance than this "System of Obstetrics" by American authors. Published, as it is, in conjunction with the "American System of Gynæcology," it furnishes us with all the newest and latest ideas and inventions in this country, and when read cannot but convince one of how much America has done to forward this study, and is a work that no American student, who wishes to keep himself posted in the doings of his own countrymen, can afford to be without. As we have said, it is a study within a study—an evidence of specialties within specialties, and a review of the list of subjects, and the numerous authors thereof, would suffice to convince any one of the old-time obstetricians how earnest, and with what purpose and determination this subject has been investigated.

It is impossible, in a work of this size, to enter into such a review as it deserves in the limited space we can afford, since it contains within itself, as it were, six separate studies. Beginning with the "History of Obstetrics," which is written by George S. Engelman, M.D., and which is most interestingly and instructively divided into two heads, viz., "Empirical or Natural," and "Scientific Obstetrics," it continues by a careful study of "The Physiology and Histology of Ovulation, Menstruation, and Fertilization; The Development of the Embryo," by H. Newell Martin, F.R.S., M.D., etc. "The Fœtus, its Development, Anomalies, Monstrosities, Diseases, and Premature Expulsion," by William Wright Jaggard, A.M., M.D. "The Conduct of Labor and the Management of the Puerperal State," by Samuel C. Busey, M.D. "On the Mechanism of Labor, and the Treatment of Labor based on the Mechanism," by R. A. F. Penrose, M.D., LL.D. "The Use of Anæsthetics in Labor," by J. C. Reeves, M.D., and finally, "The Anomalies of the Forces in Labor," by Theophilus Parvin, M.D., LL.D.

We think no more valuable work has issued from the press than this, and those who have possessed themselves of a recent work issued in New York, "The Cyclopædia of Obstetrics and Gynæcology, by Foreign Authors," should not fail to get this work, that they may be able to study the progress of the art of Obstetrics in this country as well as in Europe. The work of the publishers is in every way up to their usual standard, and the illustrations, which are numerous, are well chosen and well executed.

**GOUT IN ITS PROTEAN ASPECTS.** By J. Milner Fothergill, M.D. G. S. Davis, Publisher, Detroit, Michigan.

This one of the numerous works of its well-known author has been in the hands of the profession for several years, and therefore needs no introduction. The purpose of this notice is merely again to call attention to it, and briefly to point out some of its peculiar excellences.

The author incidentally, on page 160, drops the pregnant remark that "the utility of a book to the reader is, or ought to be, after all, the great end of book-making," and a perusal of the book in hand shows that this has been the guiding principle in its construction. We find in all the writings of Dr. Fothergill a something that at once inspires confidence in what he says, and this is probably owing to a sympathetic recognition of this paramount desire to instruct and to be of practical benefit to the reader. A glance at the table of contents of the by no means bulky volume, will show how comprehensive is the treatment that he accords this very interesting subject. In twelve chapters, after a very instructive Introductory, he treats of the Blood and Urine in Gout; Pathological Changes wrought by Gout Poison (external manifestations); Pathological Changes wrought by Gout Poison (internal changes); The Diagnosis of Gout; The Prognosis of Gout; The Causes of Gout; Acute Gout; The Treatment of Chronic Gout; The Treatment of the Paroxysm; Rheumatic Gout; Chronic Rheumatism; Some General Considerations on Indigestion, Bilioussness, Diabetes, and Gout.

The style of the author is, as usual, captivating from its directness and evident sincerity, and the arrangement of the subject-matter logical and practical.

A full acceptance of the saying which he has placed as the motto of the book—the fathers have eaten sour grapes, and the children's teeth are set on edge—will often prevent us from overlooking gout in its "protean aspects." The elaboration of these semeia, in Chapter III., is, perhaps, the most interesting and important part of the entire work, and may be of much assistance to the homœopath in studying and digesting the provings of some of our drugs. We will be enabled to trace out *true* similarity—not only in the superficial symptoms, but in the deeper-lying, and in its true nature, perhaps unknown pathological basis.

Although in the chapters on treatment we may not feel called upon to



follow him in the medicines to be administered, his hygienic and dietetic instructions are invaluable.

The chapters on Rheumatic Gout and Chronic Rheumatism are very suggestive.

In short, the entire work is one that will well repay perusal, and is given to us in a form and style and type that contribute much to comfort in using it.

**PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD, WITH THEIR CONCOMITANTS AND CONDITIONS.** By C. Neidhard, M.D. Philadelphia: F. E. Boericke. 1888. Pp. 188.

A careful examination of this work convinces us that it is one of the best issued by the homoeopathic school in recent years. There is little to condemn and much to praise. Exception may be taken to the arrangement of this Repertory, but to the author it has proven entirely satisfactory, and will to others, if a little time is devoted to memorizing the meaning of the reference numerals. We regret, however, that a few more pages were not added to the book, and so have obviated the necessity of the use of numerals to denote the kinds of pain, and thus have rendered the search for a remedy somewhat less trying to a busy doctor. In many instances we find a useless multiplicity of these numerals preceding the symptoms (from pages 78 to 145). They are annoying, and of no use. Of typographical errors we find few, and of meaningless symptoms, such as so often mar other similar works, there is a delightful absence. The presswork is all that can be desired.

We cannot help expressing regret that other veterans in the practice of homoeopathy do not give the profession, as Dr. Neidhard has done in this work, their experience in the treatment of various forms of disease. The book shows, not only a thorough knowledge of drug pathogenesis, but the therapeutic application on true principles. It contains the symptoms of all the drugs that have produced and cured head pains, from Hahnemann's day to this, so that every line in the book has been tested by the extended experience of many practitioners. Of particular value is the association of the concomitant symptoms excited in other organs and parts of the body at the same time, as those of the brain and head, together with the conditions under which they occur. By different type Dr. Neidhard has indicated his invaluable personal experience in a very large practice, covering a half century. Beginning with aconite and ending with zincum, we find that he has employed successfully no less than one hundred and thirty-four different remedies in thousands of cases of nervous, gastric, menstrual and other forms of headache. What a contrast to the therapeutic dearth of the old school! This array of cases should forever convince any man that, to cure disease, one must know drugs by provings on the healthy human being, and then apply this knowledge, when treating the sick, guided by Hahnemann's rule, *similia similibus curentur*. In the practice of his art, Dr. Neidhard has ever followed this rule. Remedies scarcely thought of for headache are thus brought into prominence. Our veteran author has not been hide-bound as to dose. The preparations used by him have varied from the drug substance to the two-thousandth dilution, showing an adaptation of doses according to susceptibility of patients. His clinical experience is still further shown in giving such remedies as proved palliative with the curative ones, as for instance, *castor* with *causticum* (page 93), *baryta* with *calc. phos.* and *spiritus ol. jecoris aselli* (page 100), etc. We are informed, also, what remedies failed before the curative one was given, and what symptoms or conditions were left uncured by a remedy selected for the prominent head pains, as instance the case in which *hura bras.* failed to cure the leucorrhœa (page 98). We believe no practitioner of medicine, caring for the best welfare of his patients, will neglect to secure a copy of this book.

## GLEANINGS.

### The Connection between Epistaxis and Certain Disorders of the Sexual Organs.

It is usually said that spontaneous epistaxis, especially in young persons, is connected with certain states of plethora or anæmia; it is also often connected with a state of genital excitation, which may be physiological (as at puberty), or pathological (as from bad habits). In fact, there is a sympathetic connection between the senses of smell and sexuality. Only this fact can explain the effect of certain perfumes on the sexual organs. Vice versa sexual irritation may cause, by reflex action, swelling of the erectile tissue of the nasal mucous membrane. Some persons cannot perform cohabitation, without being attacked by spasmodic sneezing, while in others it may be followed by an attack of asthma. Some women suffer during menstruation from obstinate coryza with frequent sneezing and copious discharge, migraine, redness of the nose, etc., all of which points to a swelling of the membrana pituitaria. According to Makenzie all nasal affections are worse during menstruation, or where the woman suffers from ovarian or uterine affections. Excesses in venery, masturbation, etc., also produce or aggravate chronic inflammation of the nasal mucous membrane, even to the extent of producing a purulent catarrh. Thus epistaxis after cohabitation is explained. Joal witnessed, in several women of the demi-monde, severe epistaxis after every coitus.—*Semaine Médicale*, 21, 1888. S. L.

### The Nervous Rectum.

The muscles most liable to become hysterical are the circular ones, viz., the sphincters of outlets or inlets. Thus by a lack of co-ordination in single muscles of this kind, come irritable bladder, painful coition, asthma, loss of voice, vomiting, dysphagia, dysmenorrhœa, and palpitation of the heart. Each of these subjects is a wide one. Goodell, however, restricts his paper to the study of the hysterical rectum. In this form of hysteria there are usually associated symptoms of general nervous prostration, such as spine-aches, backaches, sore ovaries, weariness, and nervousness. The chief suffering is referred to the rectal tract. When the associated nerve-symptoms are absent, the observer will note an irregularity of pain in the hysterical affection, an indescribable affectation of suffering, and a lack of consistency in the behavior of the symptoms. In one form of rectal hysteria, spasm of the sphincter takes place; the symptoms mimic those of anal fissure. Defecation is attended by great suffering and is followed by painful throbbing, which lasts for several hours. The patient schools herself into habits of costiveness. Sometimes the site of the rectal pain lies higher up than the sphincter, and is irrespective of the act of defecation. It is then liable to show periodicity in its onset. Another form is a throbbing and pulsating pain while the rectum is loaded, and a sickening pain during defecation. Besides the above painful forms of nervous rectum there are others purely hysterical in character, in which the rectum behaves as if it had wholly lost its wits. In some women, the sphincter ani becomes so strong by unnatural exercise, and is so powerfully contracted by tonic spasm, that despite the most active cathartic, this last muscular barrier cannot be overcome unless an enema be given, or unless the finger be passed into the vagina, hooked over the sphincter and pulled strongly downwards. Rectal stricture may be closely counterfeited; the feces are expelled in the form of thin, flat ribbons, or in small round pellets like the dung of sheep or of goats.

In many women defecation is perfectly normal, and yet it may be followed by great exhaustion, amounting almost to a collapse. In the case of a certain lady when at home she is well and at her ease; but should she go out her rectum grumbles audibly, and it starts up painful tenesmus and repeated



stools, which do not cease until she returns to her home. One lady could not get her bowels moved unless she stands erect. Another lady could not receive a letter from her husband without having so urgent a desire to go to stool that she had to postpone reading it until she had first responded to the call. Numerous cases of similar character may be mentioned.

A form of disease which Goodell thinks may also be classified under the general heading of nervous rectum is pellicular colitis, or pseudo-membranous enteritis. This so frequently occurs in hypochondriacal or in hysterical patients, that Goodell is inclined to view it as a sheer neurosis. Patients who have this disease are perpetually talking about examining their evacuations, and are prone to search for and save the membranous casts for the inspection of their friends or of their physician.

The treatment advocated for these cases by Goodell is the Weir-Mitchell treatment by rest, seclusion, massage, electricity, and feeding for nerve-prostration. When the patient complains of great exhaustion after a movement of the bowels, it is well to manage it so as to have the bowels moved just before bedtime. Sometimes, the exhaustion is best met by the use of the bed-pan, by which the recumbent posture is maintained, and the equable circulation of the blood is not interfered with. When the nerve-symptoms counterfeit those of anal fissure, they are to be treated in precisely the same way as the latter. Suppositories of iodoform and antipyrin failing, overstretching of the sphincter ani is the best remedy.

For sudden paroxysms of rectal pain there is nothing more effectual than antipyrin in five- or ten-grain doses. When these sufferers are so situated that they cannot afford time for the rest-treatment, matters may be compromised by an absolute rest of one or two hours a day in a darkened room. —*Journ. of the Amer. Med. Association*, July 7, 1888.

#### Quiet Iritis.

Jonathan Hutchinson, Jr., reports several cases of iritis in which the attack, sometimes leading to extended adhesions and involving much deterioration of sight, was, from the first, unaccompanied by the typical features of inflammation. Iritis in certain cases does not reveal its presence by the characteristic frontal pain, and is practically unattended by congestion or photophobia. Sympathetic inflammation, congenital syphilis, and inherited arthritic tendency, are probably the most frequent causes of quiet iritis. This form is very rare in the iritis of acquired syphilis, that of the ordinary rheumatic type, and in traumatic or herpetic iritis. Sex and age have little or no influence in modifying the severity of the symptoms accompanying iritis. A constitutional tendency cannot always be invoked as the reason for iritis taking on an insidious form, as shown by the occasional occurrence of two attacks in the same patient—one being accompanied by violent inflammatory symptoms, the other being perfectly quiet throughout. The absence of the ordinary symptoms of iritis by no means always implies a mild course for the disease. —*N. Y. Medical Journal*, July 14, 1888.

#### Trichorexis Nodosa.

The diseased hairs are stubby and short, and have an appearance of being singed. At intervals on the hairs there are whitish specks, looking like the nits of some insect, giving the hair a dirty look. On microscopical examination these spots are seen to be caused by the breaking up of the hair into fibrils, looking as if the bushy extremities of two brushes had been placed in apposition. The immediate cause of this splitting seems to be the swelling of the medullary substance of the hair, and supposed by Bergel to be formation of gas in the medulla. Shaving will cure the affection. —*Medical Analectic*, July 12, 1888.

#### Canadol, a New Anæsthetic.

Dr. Pliouchkine recommends canadol, a hydrocarburet distilled from American naphtha, as a local anæsthetic. It is a transparent liquid, very volatile, and smelling like benzine. It is insoluble in water and in alcohol,

which renders it superior to ether. It causes rapid cold in the first minute like ether, but does not, like this substance, continue to lower the temperature in the ensuing minutes. The anæsthesia produced by canadol is complete in sixty seconds, and employed as an anæsthetic in cases of minor operations it completely subdues all pain.—*Medical Analectic*, July 12, 1888.

#### Diagnosis of Intestinal Perforation from Gunshot Wound by Hydrogen Gas.

Dr. William Mackie reports a case which confirms, on the human subject, the experiments recently made by Dr. Senn, with whom he was associated in these researches. The patient had received a pistol-shot wound (38 calibre), two hours previously. There was vomiting (blood-tinged), severe, umbilical pain, flat percussion note from umbilicus to pubes, with rigid wall, normal liver dulness, and but slight shock. The bullet had gone from the left of the middle line, below the costal arch, to the left lumbar region, close to the spine, when it was extracted. Rectal inflation with hydrogen gas was tried, under ether.

The gas, from a four-gallon rubber-bag, was to pass through a chemical wash-bottle (entering the long tube, bubbling up, and emerging from the short one) to control the rapidity of inflation, and thence, by means of a rubber-tube and rectal nozzle, into the intestine. As in Dr. Senn's experiments, but very slight pressure was made. Inflation was continued until distension of the abdomen was universal. By compression of the abdomen, gas and blood escaped intermittently from the wound of entrance. Matches were tried, there being no taper at hand, but failed to ignite the gas. The diagnosis, however, was certain, and laparotomy proceeded with by median incision. A profuse hemorrhage from the superior mesenteric vein was arrested by double ligature. Two perforations of the stomach and two at the junction of duodenum and jejunum were found, and closed by Lembert sutures. Besides, there were two perforations of the mesentery. No extravasation of intestinal contents had taken place.

Death from septic peritonitis occurred thirty-six hours after the injury.

At the autopsy the intestinal canal was again tested by insufflation. No perforation could be found. The gurgling sound, noted by Senn, as the gas passed the ileo-cæcal opening was corroborated.

Besides the peritonitis, there was a wound of the tail of the pancreas and blood-extravasation in the retro-peritoneal connective-tissue.

In the *remarks*, the value of hydrogen gas, as an infallible diagnostic measure, is insisted upon, the location of the perforation being such as to put it to a very severe test. In Senn's experiments it never failed. Neither perforation nor hemorrhage could have been recognized from the symptoms. By a test so certain, *exploratory* laparotomy is rendered unnecessary and the surgeon relieved of the hesitancy due to the serious responsibilities from a medico-legal aspect.—*Medical News*, June 9, 1888.

#### Hydrogen Gas to Locate a Fecal Fistula.

Dr. William J. Taylor reports a case, from the practice of Dr. Keen, in which the question of the incision (median or lateral) depended upon the site of the fistula, in the small or large intestine. Senn's experience, the invariable gurgling sound as the gas passes the ileo-cæcal valve, was made use of, the gas emerging from the opening before gurgling was heard. The incision proved the correctness of the diagnosis.—*Medical News*, June 9, 1888.

#### Tumor of the Spinal Cord; Removal; Recovery.

The patient was a man, aged 42, who had suffered for three years from localized pain beneath the lower part of the left scapula. The pain was very variable in its intensity. It was increased by movement. There was extreme mental irritability, the mind almost giving way under the continued suffering. Four months before the operation first the left and then the right leg became weak, and the loss of power increased to complete paraplegia. When first seen by Dr. Gowers, there was motor and sensory paralysis up to the level of the sixth or seventh dorsal nerves, with intense spasms in the legs, foot clonus and rectus clonus. The urine was retained



and there was some cystitis. At the level of the sixth dorsal nerves there was severe pain around the trunk, greater on the left side, and increased to agony by any movement. The symptoms pointed clearly to compression of the cord by a morbid process outside it. Caries of the spine could be practically excluded; aneurism was improbable. An operation afforded the only chance of recovery. The operation was performed by Mr. Victor Horsley. After some difficulty the growth was discovered, and removed under strict antiseptic precautions. The wound healed by first intention, and the patient gradually lost the agonizing pain, and at the same time gradually recovered motor and sensory power as well as control over the bladder and rectum.—*British Medical Journal*, June 16, 1888.

#### Bichloride of Mercury in Gonorrhœa.

After treating over 250 cases of gonorrhœa by means of bichloride of mercury, Dr. George E. Brewer reaches the following conclusions: *First*. That in the uncomplicated cases of acute gonorrhœal urethritis, treated by prolonged and frequent irrigation with bichloride of mercury, recovery may be expected within two weeks. That this period may be considerably shortened by the early inauguration of treatment, by absolute rest, and by the avoidance of stimulants. That it may be indefinitely prolonged by irregularity in treatment, by inordinate physical exertion, and by indulgence in alcoholic and venereal excesses. *Second*. That the retrojection of a hot solution of bichloride possesses all the advantages of the former procedure, and, in addition, causes a more rapid subsidence of the inflammatory symptoms, a greater feeling of comfort to the patient, and is attended with less annoyance and trouble. *Third*. That in cases of acute non-specific urethritis, the favorable influence of each of these methods is strikingly apparent. *Fourth*. That in cases of chronic purulent urethritis, no agent produces such rapid and permanent improvement as irrigation, especially when combined with astringents and heat. *Fifth*. That the percentage of complications occurring in cases treated by these methods is far below that observed when the ordinary treatment is employed.—*Journ. of Cutan. and Vener. Diseases*, July, 1888.

#### Operative Treatment of Priapism.

Vorster reports two cases of priapism relieved by operative interference. In the first case, the patient suffered from nervous symptoms following a hemorrhage. The priapism followed a difficult evacuation. The symptoms persisted for days, giving rise to atrophic paraphimosis. Incision of the prepuce here relieved the symptoms. In the second case, a traumatism of the urethra with hematoma resulted from the kick of a horse. Here, the blood-tumor compressing the corpus cavernosum penis, and preventing venous return, favored the persistence of priapism. External urethrotomy, incision of the blood tumor (projecting into the lumen of the urethra), and emptying the hematoma of clots, relieved the symptoms.—*Annals of Surgery*, July, 1888.

#### Pernicious Anæmia Cured by the Expulsion of a Bothriocephalus Latus.

A young man complained of excessive weakness, vertigo and dyspnoea from the least exertion. The intestinal functions were abnormal, there being diarrhœa alternating with constipation. After eating fruit he suffered from vomiting, pain around the umbilicus and diarrhœa, followed by fainting spells. He entered the hospital, where the paleness of his skin astonished everybody; the mucous membranes showed the same bloodlessness, and a microscopic examination of the blood revealed decided oligocythæmia rubra and poikilocytosis and frequent epistaxis and cutaneous hemorrhages. Examination of the feces always showed eggs of bothriocephalus latus, but never any segments of the worms. After forcible expulsion of the worms an immediate amelioration followed; the composition of the blood improved and after three weeks he could be discharged cured. There cannot be any doubt that this was a genuine case of pernicious anæmia, so well described by Biermer.—*Centralblatt für Med. Wissensch.*, 21, 1888.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

UNDER THE CHARGE OF CHARLES MOHR, M.D., PROFESSOR OF MATERIA MEDICA  
AND THERAPEUTICS, HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA,  
ASSISTED BY EDWARD R. SNADER, M.D.

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#### PROVINGS.

**APIS MELLIFICA.**—Miss N., æt. 40, of full habit, florid complexion, and in good health, was stung on the end of one of the fingers of the right hand, the sting penetrating two pairs of gloves. In less than two minutes she experienced a feeling of the greatest bodily heat, which was instantly accompanied by violent itching all over, “as if stung by a thousand mosquitoes.” The itching was most intense on the palm of the *left* hand, where the flesh was raised in hard lumps. Simultaneously with the heat and itching, came a feeling of fierce and uncontrollable restlessness. She could not keep still an instant. To observers she appeared to be in a state of wild and hysterical excitement, but she insisted that she was not conscious of any excitement, but only of the great and unconquerable restlessness, an uneasiness which seemed to her wholly physical. Soon violent and continuous sneezing set in with profuse watery discharge from nose and eyes. The eyes were bloodshot, the face of a dark red or purplish hue, and the head and face were swollen, causing them to look and feel larger than usual. She next experienced a stiffness of the lower jaw, soon amounting to a sense of complete fixation, and this stiffness extended to the throat and tongue, rendering speech difficult and unintelligible and causing a sense of extreme discomfort in the throat. The stiffness was accompanied by a feeling of constriction, and the constriction excited a single spasmodic hacking cough at short intervals. Some difficulty in breathing was experienced, particularly on inspiration. The throat and particularly the uvula and arches of the soft palate were enormously swollen and œdematous, the swelling being more marked on the left side, deflecting the uvula to the right. The restlessness and hysterical excitement, in a short time, gave place to a period of profound depression approaching syncope. The latter state was, however, of brief duration, and was replaced by the former condition. There were frequent alternations of the two conditions, each being of short duration, and both gradually subsiding. The attack lasted six hours, and the patient was as well as usual next day. Subsequently she was again stung; the former symptoms reappeared slightly, but the dyspnœa which had been comparatively slight in the previous attack became extreme and alarming. She felt as if she must tear away all clothing from the neck, and she walked the floor in the greatest distress for breath, with the face purple, the head thrown back, the eyes bloodshot and protruding. Each inspiration was accompanied by a crowing sound which could be heard across the street. The sneezing was less marked than before, but there was the same watery secretion from the nose and eyes. There existed also great obstruction of the nose, with inability to breathe through that organ. While the symptoms of the former attack were all present, the most marked difference between the last attack and the former was the violent cough which came on about half an hour after the sting. The cough was deep, hard, and ringing, and continued without intermission for three hours, and seemed to be excited by the constricted feeling in the throat, and reached down to a sore place in the lungs, causing great distress. Twitching of



the muscles of the extremities, alleviated by warm hand and foot baths, was also observed. During both attacks the pulse was very small and frequent. The last attack had no period of profound depression, but only a quiet, sinking, weak feeling, with a desire to be let alone. The severer symptoms of the last attack were relieved by ledum.—Dr. C. E. Hastings, *Trans. Mass. Hom. Med. Soc.*, 1887.

Dr. — took 13 minims of *Apis mellifica* in some water. In three minutes experienced sensation of a violent blow in the sub-occipital region, and felt so strangely that he had to stop work. Symptoms arose as follows: 1. Swimming sensation; 2. Sense of constriction in throat; 3. Sudden disappearance of pain as though an oak husk had struck in hyoid fossa, experienced before taking the tincture; 4. Twitching of muscles and slight trembling; 5. General sensation of fulness and weakness of co-ordinating power, especially in hands; 6. Oppression at bottom of sternum; 7. Pain down left ulnar nerve; 8. Weight and tension at back of neck; 9. Dimness of sight; 10. Sense of weakness in upper limbs; 11. Slight numbness of left hand, particularly of ulnar fingers, subsequently increasing, and amounting to complete anæsthesia of left ulnar fingers, and want of power, with incomplete anæsthesia of both hands; 12. Irritability of bladder, a usual symptom, diminished.—Dr. Edward T. Blake, *Monthly Homœopathic Review*, July.

**HYDROCHLORATE OF QUININE.**—Dr. Hugo Schulz, of Greifswald, made provings on ten healthy medical students, the dose varying from one-half to one centigram night and morning for periods of eight days of each dose respectively. Accurate periodical observations of the pulse and temperature were made, but these were scarcely, if at all, affected. On the other hand, very peculiar effects were developed in different spheres:

1. Head.—All the provers experienced a certain amount of heaviness and pressure, accompanied by apathy, depression of spirits, melancholy, disinclination for work, often followed by excitation and irritation, amounting sometimes to anxiety. In one the anxiety was so great as to compel the prover to leave his house and walk up and down. Vertigo was frequent, in one case causing inability to stand. Sleep was disturbed by frightful and disgusting dreams and starting up out of sleep. Great fatigue and prostration occurred in several of the provers. In one, a great smoker, there was developed an intolerance of tobacco, which, if smoked, caused cold perspiration and collapse. In two provers an intolerance of alcohol was produced, a very moderate amount of beer making them quite tipsy.

2. Eyes and Ears.—Dimness of vision and noises in ears occurred in several of the provers.

3. Trifacial Nerve.—In all, except one, neuralgia of this nerve was excited, usually of a typical character. In one this neuralgia was extremely severe, and involved the supra-orbital region, the temple, the meatus auditorius, and the teeth above and below. It commenced every night about 3 A.M. and continued until 6 A.M., and was of extreme violence. The neuralgia lasted for weeks, and did not yield to a prolonged administration of arsenic in the form of Fowler's solution, but went off after an eight days' course of oxide of iron. In all the neuralgia occurred on the left side.

4. Skin.—Itching of considerable intensity, chiefly in the back, occurred in two cases. In one the right eyelid swelled and developed a furuncle, which had to be opened.

5. Stomach and Intestines.—The appetite was either much impaired or canine hunger was developed, which was satiated by a very small quantity of food, that took away all appetite for the next meal. Gastric catarrh occurred in one prover. The bowels were sometimes slightly relaxed, but generally constipation occurred.

6. Urinary Organs.—Irritation of the bladder, with frequent desire to urinate, but without increased secretion. In one case the urinary secretion seemed to be suppressed, or the bladder did not seem to feel the usual desire to evacuate its contents.—*Monthly Homœopathic Review*, June.

## MATERIA MEDICA.

**BRYONIA AND PHOSPHORUS** should not be given in alternation. While the two medicines have many symptoms in common, they are in essential points entirely unlike each other, and if one drug is well indicated in a case the other cannot be.—Dr. A. S. Kennedy, *Trans. Mass. Hom. Med. Soc.*, 1887.

**BOLDOA FRAGRANS**, a South American drug, supposed to stimulate the action of the liver and kidneys, and to be especially useful in complaints arising at puberty, is considered by Dr. Hale to be analogous to eucalyptus and piper methysticum, and Dr. Porter suggests the use of boldo in hysterical affections, especially in that class of cases induced "by vexatious emotions, want of sympathy or success, disappointed and concealed affections, want of occupation, fear or supposed morbid condition of the reproductive system."—*Hom. Journal of Obstetrics*, May.

**CALADIUM SEGUINUM**, introduced by Hering, is too little used. It has been used to produce impotency. The principal use of the caladium has been in the treatment of pruritus vulva, and the itching from eruptions. Dr. H. Noah Martin gives the following as characteristic symptoms: "Caladium is similar to lycopodium; patient wants to lie down always; amelioration from sweat (opposite to mercury); amelioration after short sleep (opposite to lachesis); perspiration attracts the flies; the genitals relaxed and perspire; patient afraid to go to sleep, and does not know why; itching of vulva, with burning." Dr. Porter says he has found the drug useful in sterility, in lack of sexual feeling where formerly it was strong, coldness of the vulva, low spirits, gloomy thoughts, with forgetfulness. The late Dr. Farrington characterized caladium as indicated for the bad effects of sexual excesses. In women who have borne children rapidly, when the entire system is exhausted for want of time to recuperate after confinement, and when there is a loss of sexual desire, this remedy has produced good results.—*Hom. Journal of Obstetrics*, May.

**CICUTA AND CONIUM**.—The cicuta poison attacks the nerve-centres first, thence extending to the periphery; conium is felt first at the peripheral extremities of the nerves, the centres becoming involved last. The symptoms of cicuta indicate that in this drug we have a powerful remedy for all forms of convulsions of cerebro-spinal origin. The symptoms of conium indicate the use of the drug in forms of disease characterized by gradual motor and sensory paralysis. The secondary symptoms of conium are of considerable importance, notably its power to cause engorgements and induration of the various glands. The medicine has proved of service in the vomiting of pregnancy. In diseases incident to old age it is a remedy *par excellence*. Chronic diarrhoeas, depending upon a paralysis of the sphincters, often yield to its power.—Dr. H. A. Gibbs, *New England Medical Gazette*, June.

**ICHTHYOL**.—Professor Von Nussbaum, of Munich, in an article on "The Internal Use of Ichthyol," in the *Therapeutischen Monatsheften*, says: "In conclusion, I must remark that ichthyol is an excellent example of Hahnemann's maxim, '*similia similibus*,' for, while it acts in a marvelously curative manner in eczema, there are constitutions in which it will produce eczema." Ichthyol is the product of the distillation of a bituminous rock abounding in the remains of fossil fishes. It is at present a very fashionable remedy in Germany for various sorts of inveterate skin-diseases.—*Homœopathic World*, June.

**LYCOPODIUM**.—In an interesting paper, read by Dr. W. J. Hawkes before the Illinois State Homœopathic Medical Association, are some observations concerning club-moss. Speaking of the 4-8 P.M. aggravation, he says: "I have learned to rely upon it implicitly. It is more often to me the key-note to the club-moss than any other symptom. It frequently aids in making a diagnosis; for, nine times out of ten, when that four o'clock aggravation is voluntarily mentioned by the patient, there will be found kidney trouble. The period of aggravation is not always limited to the hours between 4-8 P.M. of the books. In some severe cases it begins



as early as three o'clock and continues as late as midnight. I would here emphasize the valuable truth in symptomatology and therapeutics, that when the period of aggravation of a remedy is well defined, there is no more valuable or reliable guiding symptom in its pathogenesis."

The doctor reports a case, in which, in addition to the urinary symptoms and the four o'clock aggravation, there were also "severe flying pains about the heart, causing the patient to press his hand there; dread to move or be moved." The quoted symptoms Dr. Hawkes affirms he has repeatedly verified. He also recounts a case of a male, aged thirty, who, under allopathic physicians, had been ill two weeks with "rheumatism of the left hip and the sacro-iliac symphysis of that side," in which rhus was given unsuccessfully (the remedy being superficially indicated). The pains, while very much worse at night, began about four o'clock P.M.; the urine showed a copious, mealy, pinkish sediment, and there was difficulty in passing water, with frequent urging. He craved lemonade and acid drinks. His suffering was extreme, and increased by persistent insomnia. *Lycopodium* cured. Dr. Hawkes does not believe in giving lycopodium below the 30th.—*Medical Era*, July.

THERIDION.—"In cases of scrofulosis, where the best chosen medicines do nothing, I always interpolate a dose of theridion, which must act for eight days, and I have seen the most surprising results from it, particularly in caries and necrosis. For phthisis florida theridion is indispensable, and effects an entire cure if given in the beginning of disease. In cases of rachitis, caries, and necrosis, I depend chiefly on theridion, which, although it does not seem to affect the external scrofulous symptoms, apparently goes to the root of the evil, and effectually destroys the cause of the disease."—Dr. Baruch, *Homeopathic Physician*, June.

#### THERAPEUTICS.

DIABETES MELLITUS.—Dr. H. M. Hunter recommends the study of the following remedies for the relief of the symptoms of diabetes: *Argentum met.*, carbolic acid, cuprum, kali brom., lachesis, lactic acid, moschus, phosphoric acid, sulphuric acid, terebinthina, uranium nit. The doctor also quotes Dr. Burt's recommendation of *syzygium jamb.* as the specific medicine in the vast majority of cases. Dr. Burt reports a case given up by his physicians as incurable, that was remarkably and speedily relieved of the typical symptoms of the disease and the symptoms "constant weight in the occiput, accompanied by great debility; headache aggravated by starchy food and especially by sugar."

Dr. Spalding has used successfully in diabetes phosphoric acid, cantharis, and arsenicum.

Dr. Phillips had seen good results from syzygium and helonias.

Dr. Lougee, himself a sufferer from diabetes, had found relief from the use of bromide of arsenic taken until physiological effects were observed and then gradually reducing the dose to the minimum.—*Trans. Mass. Hom. Med. Soc.*, 1887.

DIARRHŒA.—Dr. Geo. M. Ockford considers *gnaphalium* one of the best remedies in infantile diarrhœa. Indications: Very irritable, constantly complaining of pain in the bowels; thickly-coated tongue; discharges loose, watery and pale in color, with much rumbling after each movement.—*Southern Journal of Homœopathy*, June.

CHOLERA INFANTUM.—Dr. Thomas Nichol reports an interesting case of cholera infantum. The patient, a boy, was five months old, scrofulous, and of feeble vitality, had been for twenty-four hours vomiting and purging, and was much exhausted. Face cold and blue, especially about the mouth; eyes turned up with a very filmy gaze, even when roused; dark blue circles around the eyes; cold hands and arms, matched by still colder legs and feet; frequent rice-water discharges from mouth and anus. *Arsenicum iodidum*, 4x trit., a quarter of a grain administered dry on the

tongue every hour and a half, until four grains had been taken, effected a cure in three days.—*New England Medical Gazette*, June.

SCAR OF THE CORNEA.—Dr. J. H. Payne reports the cure with *kali bichromicum* of an old and deep scar of the cornea, given on the symptom found in Hering, "deep scar in the cornea following an ulcerative condition."—*Homœopathic Physician*, June.

EXOPHTHALMIC GOITRE.—*Iodine* 200 was followed by the disappearance of the hypertrophy of the thyroid gland, reduced prominence of the eyes, and greatly improved patient constitutionally in two months.—Dr. A. H. Tompkins, *Trans. Mass. Hom. Med. Soc.*, 1887.

NERVOUS DEAFNESS.—In the hands of Dr. Cooper *magnesia carb.* 200 cured a case of nervous deafness arising from shock.—*Monthly Homœopathic Review*, June.

EARACHE.—Dr. Bayard reports the case of a man who, after exposure, had most violent earache. The pain was very acute, was in and behind the ear, running down behind the neck, with much throbbing. *Taraxacum* cured.—*Homœopathic Physician*, June.

NEURALGIA.—Dr. Hitchcock reports the following case: Severe neuralgia of head and eye, worse on the right side; shooting pains, with relief from heat. *Magnesia phos.*<sup>cm</sup>, one dose, relieved entirely in five minutes.—*Homœopathic Physician*, June.

PSEUDO-HYPERTROPHIC PARALYSIS.—Dr. Clifton, after the administration of *phosphorus* 3x for fourteen months, succeeded in perfectly curing a case of pseudo-hypertrophic paralysis occurring in a girl.—*Monthly Homœopathic Review*, June.

NETTLERASH.—Dr. A. H. Tompkins, with *sanguinaria* 200, reports the cure of a chronic case of nettlerash, the indicating symptoms being the characteristic sanguinaria headache, a sensation in the skin as if it had been burned, and a feeling as if hot water were poured from the breast into the abdomen.—*Trans. Mass. Hom. Med. Soc.*, 1887.

PEMPHIGUS.—Dr. Cooper has cured pemphigoid eruptions, particularly those occurring in the ears, with an ointment of *scrophularia nodosa* (fig-wort). The same medicine was very useful in bullæ surrounded by an inflamed ring. Dr. Pope ameliorated a distinctly pemphigoid eruption with *cantharis* 3x. Later in the case—one of disseminated sclerosis—the eruption reappeared, and passed away without rupture under *phosphorus* given on general indications for that drug.—*Monthly Homœopathic Review*, June.

KELOID.—Dr. E. A. Neatby showed to the British Homœopathic Society a case of keloid of eight years' standing, which, under *silica*, in varying attenuations, had grown paler, less prominent, and had lost the sensation of burning, pricking and irritation incident to the growth. Dr. Clarke also reported a case. The keloid occurred in a scar made by the removal of a tumor from a young woman. The keloid was removed once or twice, but recurred. *Silica*, taken persistently for a few months, made a complete cure.—*Monthly Homœopathic Review*, June.

SYCOSIS.—A pustular eruption on the right side of the face—distinct pustules about the size of small-pox pustules, in large patches the size of a crown-piece—of seven or eight years' standing, was cured in thirty-five days, by Dr. Thomas Wilson, with *antimonium tart.* 200.—*Homœopathic World*, June.

FISTULA IN ANO.—Dr. J. B. Garrison successfully cured a ship-chandler, æt. 40, who could not lay off to be operated, with *silica* 30, in a little over four months.—*Homœopathic Physician*, June.

PALPITATION.—Dr. J. P. Dake cites a very interesting amelioration of this troublesome symptom with *spigelia*, and closes his account with the remark: "Hundreds of times since that night have I seen *spigelia* do its happy work in stilling the tumultuous action of the human heart."—*Medical Counselor*, June.

ABDOMINAL ANEURISM.—Dr. Moir, before the British Homœopathic Society, read an account of aneurism of the abdominal aorta, which had



been unsuccessfully treated at Guy's Hospital, that, under the influence of *baryta carb.* 3x, had been so much improved that he had been able to return to his work as a bricklayer.—*Homœopathic World*, June.

**SUB-INVOLUTION OF THE UTERUS.**—*Hydrastis* has the power of contracting the bloodvessels of the uterus, but not the muscles of that organ. This latter fact narrows the sphere of action of the drug. Having this peculiarity, it differs from all other remedies having an action on the uterus. It is believed to act on the arterioles and arterial capillaries, similarly to the action of hamamelis on the veins. The brilliant success obtained by the use of *hydrastis* in the treatment of uterine fibroids and other uterine neoplasms, is due to the power which it possesses of shutting off the nutrition supplied by the arteries. In a large proportion of cases of sub-involution, uterine hemorrhages, dysmenorrhœa, and even amenorrhœa, the trouble may be caused by a parietic condition of the uterine bloodvessels alone. It is in such cases that *hydrastis* is the specific remedy. If, after menstruation, miscarriage, or labor, the uterus remains large, heavy, and engorged, notwithstanding the presence of muscular contractions, with or without pain, there also is this medicine indicated. If the tincture or fluid extract is not employed, and the white alkaloid (muriate of *hydrastis*) is used, the dose is from one-tenth to one grain, three or four times daily. The latter preparation is now made in a colorless solution, the dose of which is from ten to thirty drops. It is devoid of any unpleasant, bitter taste, and is tolerated by the most irritable stomach. One great superiority possessed by this medicine is its tonic and restorative properties. It aids digestion and assimilation of food, increases the tone of the muscular system, and regulates the bowels and the secretions. *Hydrastis* is indicated in the majority of cases of uterine sub-involution from any cause.

*Caulophyllum*.—If such an anomaly were possible, it would seem that this drug causes, in large doses, uterine contraction destitute of pain. It has been used successfully in allaying the uterine pains caused by ergot. The use of the tincture is not advised, for it is nauseous and acrid, even in small doses of ten to twenty drops. The attenuations are useless in patients who have suffered from sub-involution in labors previous to the confinement in which the drug is prescribed. *Caulophyllum* can be given in trituration. The 1x or 2x is sometimes quite sufficient, or it can be prescribed in sugar-coated granules of fractions of a grain, three or four times a day.

*Leotine*, the recently discovered alkaloid or glucoside of *caulophyllum*, is about eight times as active as the latter drug, and has been found to equal ergot in causing expulsive contractions of the uterus, but without pain. It has also proved useful in chronic passive hemorrhages from the uterus, menorrhagia, too frequent and profuse menses, and amenorrhœa.

*Sabina*, it is pretty well established, causes active arterial congestion of the uterus primarily, and passive venous stasis secondarily, and is especially indicated in post-menstrual or abortion sub-involution. The curative dose lies in the 1x or 2x dilutions. There are several drugs analogous to *sabina*, both botanically and pathogenetically, as *thuja*, *terebinthina*, *pinus canadensis* and *abies*. Turpentine is far more valuable in such cases than supposed, and *thuja*, if indicated, is as potent in preventing and treating sub-involution as any drug in the whole materia medica.—Dr. E. M. Hale, *Medical Era*, July.

*Phorodendron*.—The mistletoe in ten and fifteen drop doses of the tincture every four hours was effective in rapidly improving two cases of sub-involution after miscarriage. In one case *sabina* and ergot had proved inefficient.—Dr. E. M. Hale, *Southern Journal of Homœopathy*, June.

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ENLARGED TONSILS.\*

BY GEO. M. DILLOW, M.D., NEW YORK.

BEFORE cursorily reviewing my experience in the treatment of enlarged tonsils, especially by local applications, the subject assigned me by the Chairman of the Bureau, it will be advantageous to glance briefly at their histology. The tonsils are lymph ganglia situated between the pillars of the soft palate, enveloped in a more or less perfect sheath of fibrous connective tissue, and covered by mucous membrane, rich in muciparous glands. In other words, they are aggregations of lymph tissue, a widely spread formation in the mucosa of the pharynx and throughout the submucosa generally. This lymph tissue consists essentially of crowded lymph corpuscles enmeshed in a delicate reticulum of myxomatous connective tissue. Single conglomerations of this lymph tissue, usually globular or pear-shaped, are called lymph follicles, and groups of these follicles, separated from each other by a more highly developed myxomatous connective tissue which holds numerous lymph and bloodvessels, make up the lymph ganglia, of which the tonsils furnish a conspicuous example. The covering mucous membrane dips down into numerous clefts in these lymph ganglia, the clefts often having several lateral elongations branching from them, thus forming the so-called crypts of the tonsils. The tonsils are, therefore, to be grouped histologically, and, to a larger extent, physiologically, with the so-called follicular glands at the base of the tongue, with the pharyngeal or Luschka's tonsil in the vault of the pharynx, with the lymph follicles in the walls of the stomach, with the lymphatic glands, probably

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\* Read before the Hom. Med. Soc., State of New York, Feb., 1888.



with the thymus gland, and possibly with the thyroid body, the supra-renal capsules and the spleen. It is to be remembered that the functions of all these bodies are essentially unknown, or known very remotely; but, in every probability, they are profoundly connected with the processes of nutrition. It is significant that lymph tissue reaches its highest development in the young, and that it is in the developmental period of life that hypertrophy of the tonsils mainly exists. When the tonsils become enlarged there is an hypertrophy of *all* their constituent elements, the lymph follicles partaking most largely in the process.

From these considerations it is easy to infer that local treatment addressed to the surface of the tonsils would be futile, a conclusion which agrees with the results of clinical experience. The tonsillar disease is a manifestation of a wider spread and obscure nutritional disorder, and it is to hygienic and dietetic measures, conjoined with remedies influencing nutrition and the lymphatic system, that we must look for a really rational method of cure. The authorities generally agree that local applications are ineffectual, and that the main stress must be laid upon constitutional treatment. Herein, also, I find the explanations for the fact that the mercurials, the iodides, the calcareas and the barium salts are clinically most useful. I have observed that the remedy which reduces the tonsils, furnishes the key to the constitutional remedy for the patient, and I avoid tonsillotomy except as a last resort, and only for the mechanical effects of their removal, because: (1) The effects commonly ascribed to enlarged tonsils, according to my view, appear to be coincident and concomitant manifestations of a constitutional disorder; (2) by their removal I lose the criterion by which I gauge improvement in the underlying constitutional condition; and (3) because I find the obstruction to respiration most frequently in the accompanying catarrhal swelling of the naso-pharyngeal mucous membrane.

If a more detailed view be taken, chronically enlarged tonsils may be classified, according to size, into minor, medium and excessive; according to structure, into the lymph or soft, and fibrous or hard; according to age, into puerile, pubescent and adult; according to diathesis, into catarrhal, strumous and rheumatic.

The *minor* and *medium* sizes I do not excise, addressing treatment to the constitutional state and the concomitant catarrhal condition in the nasal passages. It is only when there is a tendency to repeated attacks of acute tonsillitis, follicular or suppurative, which I cannot control readily by internal remedies, that I remove a portion of the

gland only. The *excessive* forms, where the enlarged glands meet almost in the median line and produce, as a mechanical effect, interference with respiration, I do not at first amputate until I have endeavored to reduce them by remedial measures, which, in the majority of cases, I have found effectual. The mechanical effects of enlarged tonsils are, I believe, overestimated by the writers. I have found that they are more often due independently, to nasal stenosis, to catarrh of the nares and pharynx, occasionally to enlargement of the pharyngeal tonsil. The so-called pigeon-breast, or circular depression of the chest wall at the junction of the lower and middle third of the thorax, I have never seen as an effect, and believe that it is only found in children who have been rachitic in early life.

The soft or lymph varieties are almost invariably found in children, and, having, I believe, a relation to the physiological evolution of the child and being most amenable to internal remedies, are usually best let alone, locally and surgically, except when excessive enlargement cannot otherwise be reduced. In these cases I do not attempt to remove the whole of each tonsil, but slice enough from each gland to leave a portion of its mucous membrane intact and a part of the gland remaining to carry on its presumably physiological function. Little is positively known of the remoter effects following the entire removal of the tonsils in children, and there is a certain warning for us in the disastrous results following the entire removal of the thyroid gland. After excision of a portion, the remainder usually shrinks gradually to a smaller size.

The fibrous or hard types are occasionally seen in children, particularly after repeated attacks of tonsillar or peritonsillar abscess, or even of follicular tonsillitis, and after diphtheria, scarlatina, syphilis, etc., but occur most frequently in adolescents and adults. They are usually the results of enlargements in childhood, where the lymph elements have disappeared during growth, leaving the hyperplastic connective tissue framework behind. This framework undergoes shrinkage as life advances, and after the thirtieth year gives little trouble. This fibrous form is little affected by internal remedies, and, having no connection with the physiological processes, can be excised freely as redundant tissue. It is in this form that dangerous hemorrhage occasionally occurs after amputation, for such tonsils are generally more often adherent to the pillars of the palate, and the larger vessels when cut remain open because their walls are held so by the dense tissue which surrounds them. When no larger vessels



are cut, there is less of the milder form of bleeding than in the softer varieties.

In Mackenzie's table of 1000 cases observed by him, 265 came under notice up to 10 years of age, 382 from 10 to 20, 219 from 20 to 30, 103 from 30 to 40, 27 from 40 to 50, 3 from 50 to 60, 1 from 60 to 70. It is to be noted that these statistics refer to time of observation and not necessarily to the period of their first appearance or greatest enlargement. The greater number of cases occur, I believe, before puberty, in the period from 5 to 12 or 13 years of age; the next greater number dating from the time of pubescent development. When they enlarge during infancy, and I have seen them within the first month after birth, they usually indicate the scrofulous tendency. The adolescent forms are generally to be ascribed to repeated attacks of tonsillitis, peritonsillar abscess and oftentimes to syphilis. It is in childhood, when the pharynx is relatively smaller and there is concomitant enlargement of the pharyngeal tonsil, that there are the symptoms commonly ascribed to hypertrophy—open mouth, drooping eyelids, dull expression, thick voice, noisy breathing during sleep, etc. It is not uncommon to find associated with the tonsillar enlargement, hypertrophy of the lymph tissue at the base of the tongue and submucous thickening of the lymph tissue in the posterior wall of the pharynx, in addition to ordinary catarrhal thickening, often attendant.

Lastly we come to the diathetic varieties. The catarrhal diathesis, according to Hutchinson, may be defined as a "proneness to inflammatory congestions excited in a reflex manner through the influence of cold applied to the body." This catarrhal tendency in children is often conjoined with the scrofulous diathesis which, according to the same author, consists in "a state of the solid tissues, and more especially of the lymphatic system as a whole, in which there is a proneness to chronic inflammations resulting in products more or less peculiar and specialized." The rheumatic diathesis, closely allied to the catarrhal, often depending upon "catching cold," and manifesting itself in the form ordinarily understood as rheumatic, is more frequently the cause of enlargement in adult life, resulting many times from peritonsillar abscess and causing the fibrous form of enlargement. The treatment, to be really rational, must be addressed to these constitutional tendencies, occurring singly or, as is more often the case, intermingled.

In the catarrhal form, inuring the skin by daily cold sponge bathing, protecting it by enveloping it in all-wool undergarments, and

giving the remedies which control the undue tendency to easy perspiration on exertion, are essential to effective treatment. It is only when there is a chronic catarrhal condition showing itself in the crypts of the tonsils, that local applications are of service. When the crypts are dilated, become filled with cheesy masses and sometimes with calcareous concretions, they should be emptied, cleansed with peroxide of hydrogen, and as a rule, cauterized. Deliquesced chromic acid, upon a thin film of cotton wound around a probe, passed down into the bottom of the crypts, has served me better than nitrate of silver, and is fully as effective as the galvano-cautery.

In serofulous constitutions, full feeding upon simple nutritious food, fresh air, avoidance of sweets, cake, pastry and tea, plenty of butter and cream or cod-liver oil, are necessary. In the rheumatic, restriction of sweets and alcoholic drinks especially the beers and sweet effervescent wines, limitation of meat-eating, regular exercise, and systematic drinking of plenty of pure water, are indicated. The indications for remedies, as referring to throat and general symptomatology, lie without the province of the paper, which is essentially surgical.

My conclusions are briefly the following:

(1) That applications of remedies locally do not resolve enlarged tonsils.

(2) That escharotics are more painful, tedious and less effective than tonsillotomy. Incising the tonsils and inserting crystals of chromic acid are said to be effective, but I have not employed the method because tonsillotomy is more speedy and gives, in the aggregate, less pain. The same is true of electrolysis and the galvano-cautery. Ignipuncture with the galvano-caustic point comes in occasionally as desirable in children who will not submit to the tonsillotomy or where an irregular contour has been left after tonsillotomy.

(3) That in the young, tonsillotomy should not be resorted to until after hygienic, dietetic and internal medicinal sources have been exhausted, or where these cannot faithfully be followed up.

(4) That excessive enlargement alone warrants operation in the young.

(5) That in adults they can be excised, inasmuch as they then consist mainly of fibrous tissue, being mainly redundant tissue having no physiological function beyond that of the mucous membrane covering them.

(6) That internal treatment, conjoined with proper hygiene and dietetic measures, will generally reduce, and almost always stay the



progress of hypertrophy until the natural period of recession arrives, which in children takes place at puberty, and in adults at thirty.

(7) That partial tonsillotomy is sometimes productive of apparently good results, improving the local condition of the throat, the general health, and preventing recurrences of acute inflammation.

(8) That partial is better than total excision.

(9) That in our ignorance of the physiological functions of the tonsils, their integrity should be respected unless the indications to the contrary clearly demand their removal.

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#### GLONIN—A HEART REMEDY.

BY E. M. HALE, M.D., CHICAGO, ILL.

I HAVE elsewhere, in our journals, called attention to glonin as superior to all other agents as a stimulant to the failing heart in cases of sudden collapse. It acts quicker than stimulants containing alcohol or ammonia, and although not so rapid in its action, it is much safer than amyl nitrite.

In the collapse which attends pernicious malarial fever, in the syncope which occurs in advanced stages of typhoid, in the threatening heart-failure of pneumonia, and even in the utter prostration of cholera and cholera morbus, it is of inestimable value, for it rescues when digitalis or strophanthus have not time to act. In such cases it arouses the failing power of the cardiac ganglia, and prepares the way for the successful use of the above cardiac tonics. It will even prolong life for hours when the fatal end is inevitable.

In doses of one-hundredth or one-fiftieth of a drop the heart responds to its influence in less than fifteen minutes.

This substance, named glonin by Hering, is pure nitro-glycerine. The homœopathic school was the first to use it, and its use by Hering was according to the law of similia. The allopathic school, a few years ago, commenced its use but in a different manner. After a study of its physiological effects, they began to use it as an anti-pathic remedy. Both schools employ it successfully in combating many troublesome and even grave disorders. It affords an example of the beneficial effects of a drug used in opposite directions. Those of you who have studied its pathogenesis by Hering and others, must have a very clear idea of its effects on the human system. But the pathogenesis cannot be perfectly understood until we study it in the light of modern pathology. Without this light, the symptoms

of glonoin seem to resemble those of a purely vascular stimulant. The heart seems to be excited to unwonted action, and to throw the blood to all the organs of the body, especially the brain, with such energy as to cause active congestion. But the fact is, that it does not primarily stimulate the heart by acting directly on it. On the contrary, glonoin acts primarily and directly upon the vaso-motor centres in the brain. It causes a paralysis of the vaso-constrictor nerves. The result is paralysis of the involuntary muscular tissues in the bloodvessels. This causes a dilatation of the bloodvessels, and an immense increase in the area vasculosa. So soon as the vascular area is largely increased, the demand for blood by the dilated bloodvessels is increased, and the heart is stimulated by the decreased resistance. The result is, that the action and power of that organ is enormously increased. In this manner is explained the apparent congestion, the increased action of the heart, and the vascular turgescence. The object of this paper is not to give the general therapeutical power of this drug, but to point out the cardiac disorders in which it will prove useful. The first disorder to which I call your attention is

#### *Angina Pectoris.*

It seems to have been demonstrated by the researches of Potain, Huchard, Herard, and others, that real angina is caused by an ischæmia (narrowing) of the bloodvessels of the heart itself. This narrowing may be caused by a spasm of the vaso-motor constrictor nerves of the myocardium, or an ossification of the coronary arteries. In the latter case, all medicines are powerless. In the former, glonoin, or its sister drug, amyl nitrite, are potent remedies. They are not primarily homœopathic to such a condition, but secondarily so. Even if only physiologically indicated, the fact remains that glonoin is invaluable as a palliative, and will often snatch the patient from death. By its power of dilating the arterioles, or paralyzing the vaso-motor constrictors, it allows the blood to re-enter the arteries and the terrible heart-pang is relieved. For similar reasons, glonoin is potent to relieve those cases of cerebral anæmia due to aortic constriction and insufficiency. This cerebral ischæmia causes those sudden faintings, syncopal attacks, and so-called heart failures, which are so dangerous unless promptly relieved. There are cases of terrible

#### *Cardiac Dyspnœa*

which are promptly relieved by glonoin. This form of dyspnœa is caused by a constriction of the arteries in the lungs. The heart



is powerless to overcome the obstruction, and the patient is in imminent danger of suffocation. The proper dose of glonoin removes in a few minutes this serious condition by dilating the closed blood-vessels.

### *Palpitation of the Heart.*

This disturbance of the heart's action is often caused by vaso-motor constriction. In such cases, the face, hands, and other surfaces of the body are cold, and bathed in a cold sweat; meanwhile, the heart is beating rapidly and wildly, vainly striving to throw the blood into the capillaries. If not relieved, the heart often dies—paralyzed in diastole. Here a physiological dose of glonoin dilates the closed capillaries, the heart is quieted and a great danger averted. But we are not restricted to the above class of cardiac disorders, for we can use glonoin in many cases when an opposite condition of the arteries occurs, namely, in paralysis of the vaso-constrictors. This is its homœopathic use. The old school, not believing in the law of similia, considers it contra-indicated, and even dangerous, in such cases. So it is in tangible or physiological doses, but not so in minute doses, as the clinical records of our school show.

There are many cases of cerebral congestion due to paresis of the vaso-motor constrictors of the cerebral bloodvessels. They then allow the heart to throw into the brain an undue amount of blood. In young persons this condition is not often dangerous, but in the old who have weak or brittle arteries, it may result in apoplectic extravasation; in such cases, we find in the third centesimal dilution of glonoin a specific remedy. Cardiac dilatation, with thinning of the walls of the heart, is another condition to which glonoin is perfectly homœopathic. Concomitant to this dilatation there is a lax condition of the coats of the arteries, because the heart is too weak to fill them. In such a state glonoin alone will palliate, and aid a true cardiac tonic, like digitalis or strychnine, to enable the heart to regain its power.

### *Cardiac Irritability.*

When this condition is caused by long-continued mental strain, or abuse of alcohol or tobacco, glonoin has, in my hands, proved one of the most valuable remedies we possess. I have the records of many cases, but owing to lack of time I cannot transcribe them. However, I beg leave to present several cases, similar to my own, reported by Dr. James K. Crook. The doses used by him were the same I have found most useful.

CASE I. *Cardiac Irritability due to the Excessive Use of Tobacco.*—T. B., male, æt. 71, applied for treatment, December 21st, 1886. This patient was formerly an excessive chewer and smoker of tobacco. Ten years ago he suffered severely from attacks of pain over the lower end and to the left of the sternum, together with severe cardiac palpitation. By medical advice he discontinued the use of tobacco, when the trouble gradually subsided. He resumed the tobacco several months ago; within a week the cardiac trouble reappeared, and soon became worse than ever. He then diminished the daily quatum of the weed, but did not abandon it altogether. At this time, he informs me, the attacks came on with unprecedented severity, and he seldom passed an hour without feeling something wrong with his heart. On physical examination, this organ was found to be normal in size, but irregular in action, and dropping about two beats to the minute. Patient was ordered to desist from tobacco, and was prescribed one drop of the centesimal alcoholic solution of nitro-glycerine three times a day. On December 28th, patient informs me that he has found it impossible to relinquish his tobacco, but that he has taken the medicine regularly as prescribed. He expressed great relief; says, that for the past two or three nights he has been able to sleep on his left side without inconvenience. The spells are greatly mitigated in severity. On physical examination, also, the heart is found to be more regular, and less intermitting, than at his previous visit. The patient continued to improve until the middle of January, 1887, when the cardiac trouble had almost completely disappeared, notwithstanding the fact that he persistently declined to abandon the use of tobacco. At that time he disappeared from observation, and has not since been seen, so that I am not prepared to say how long the relief continued.

Unfortunately, glonoin does not always act as well in such cases. I have tried it faithfully in another case of cardiac trouble, plainly due to the effects of tobacco, but with entirely negative results. An account of this case will be introduced here, although considerably out of chronological order.

CASE II. *Cardiac Irritability and Palpitation due to Tobacco.*—P. M., æt. 37. Came under observation November 17th, 1887. This patient has used tobacco constantly since he was ten years old. Sometimes he will renew his quid every ten minutes during the day, and also smoke several times daily. For the past eight or nine years he has been troubled with cardiac palpitation. His heart will often become excited and beat with painful rapidity without apparent cause. On examination this organ was found to be normal in size but rather weak in its action, and beating at the rate of eighty-six per minute. Patient was advised to desist from the use of tobacco, and was prescribed one drop of the one per cent. solution of glonoin three times a day. On November 29th, the patient reports that he has taken the drug as prescribed with great regularity. He states that he has diminished his daily quantity of tobacco, but was unable to leave it off altogether. There has been no improvement whatever in his symptoms. He says he has had one spell of cardiac distress since his previous visit which eclipsed all others in severity. The medicine always gives him a headache a few minutes after being taken. Ordered glonoin continued in double doses (gtt. ij, cent. sol., t. i. d.), and again insisted upon the necessity of discarding tobacco.

December 3d.—Patient still finds no relief whatever, although he has taken the medicine in exact accordance with my instructions. He has limited himself to three chews of tobacco daily, but cannot stop its use altogether. Physical examination shows the heart to be beating at the rate of ninety-four per minute. Ordered nitro-glycerine increased to three drops



three times per day. Even this amount has failed to improve the excitable and irritable condition, and it has been discontinued and replaced by compound spirits of ether. The latter drug has also failed to produce any relief so far. It is possible that no improvement will occur in the case until the complete discontinuance of tobacco.

CASE III. *Double Aortic Lesions complicated by Intense Paroxysms of Angina Pectoris.*—J. M., æt. 40. This patient was first seen February 22d, 1887. He was found to be suffering from double lesions of the aortic valves, with advanced cardiac hypertrophy and dilatation. The case was marked by most distressing spells of angina, which frequently came on several times a day. The patient was afraid to go to bed, as the seizures were especially severe at night, and frequently rendered sleep impossible. These attacks presented the principal indication for treatment, as the disease had evidently progressed too far to admit of any hope of re-establishing cardiac compensation. As the patient was under my constant observation until his death on the 20th of September, ample opportunity was given for comparing the effects of different remedies for angina pectoris. Among the medicaments prescribed for this complication were several preparations of opium, the iodide of potassium, the bromides, Hoffman's anodyne, valerian, asa-fœtida, and finally nitro-glycerine. All these remedies were eventually abandoned except the latter. It was found to be the only agent which would arrest or ameliorate the paroxysms with any degree of certainty. It was at first prescribed in drop doses of the one per cent. solution, three times a day, and one drop every fifteen minutes at the supervention of a paroxysm. In this manner the attacks were rendered far less frequent, and their severity greatly diminished. Before the patient's death, however, it was found necessary to greatly increase the dose. Sometimes as much as fifteen or twenty drops of the usual solution would be required to tide him over a paroxysm. It is my belief that the patient's life was considerably prolonged by the use of nitro-glycerine. His last days were certainly rendered far more comfortable.

CASE IV. *Aortic Stenosis with Weak Heart and Severe Breast-pang.*—J. M., æt. 54. Applied for treatment March 31st, 1887. This case presents no features of special interest beyond the fact that nitro-glycerine was found very efficient in relieving palpitation, and sensations of impending death with which the patient was frequently troubled. Its effects were not permanent, however, as the patient when last seen (in September) still had occasional very severe visitations of the attacks of cardiac pain and dyspnoea.

CASE V. *Simple Cardiac Palpitation of Neurotic Origin.*—J. S., æt. 25. Came under observation May, 1887. This was a case of ordinary nervous cardiac irritability due to mental anxiety and a somewhat hypochondriacal disposition. A physical examination showed the heart to be quick, sudden, and over-forcible in its action, but there was no evidence of organic disease. This patient is still under my observation. He has taken various remedies for the palpitation, but none has produced such good results as glonoin given in the usual dose and manner. He claims to have practically recovered, but at long intervals he begins to feel a return of the trouble, when he immediately applies at the clinic for a renewal of the remedy.

CASE VI. *Chlorotic Anæmia with Intense Seizures of Thoracic Angina.*—Cora F., æt. 19. This patient has been attending the clinics at the Post-Graduate School since the summer of 1885. She has had chlorosis of a most obstinate type for several years. Her disease is characterized by extremely violent attacks of cardiac distress, which sometimes approach very nearly to true angina in severity. She will attend the clinics with great regularity for a few weeks, become somewhat improved, and then disappear, not to return again until the symptoms are as severe as ever. This has been her history for the past two years. Various sedatives, antispasmodics, and diffusible stimulants have been prescribed, but with only temporary relief. I finally resorted to nitro-glycerine, and with such success that I have so far

found no occasion to prescribe any other remedy for the cardiac symptoms since the beginning of its exhibition. It has seemed to me to act more efficiently and speedily than any other agent which I have used for the case. Taken at the beginning, it will almost surely abort an attack, or greatly ameliorate its violence. These spells have ceased altogether for ten days or two weeks at a time while the patient was under close observation. It is my belief that the vigorous exhibition of some reliable preparation of iron, such as the Bland pill together with nitro-glycerine, for a few months, would go far toward effecting a permanent cure in this case.

CASE VII. *Simple Nervous Palpitation, Arrhythmia.*—T. K., æt. 27, applied for treatment, November 12th, 1887. This patient has suffered from cardiac palpitation and præcordial distress for more than a year past. He finds it impossible to sleep on his left side. Various remedies have been prescribed, but with very little benefit. He is familiar with most of the ordinary remedies for cardiac palpitation. The patient is a man of good habits, and uses very little tobacco or alcoholic stimulants. On examination the heart was found to be quick and nervous in its action and very intermittent, dropping from five to seven beats per minute. The pulsation would be very rapid for ten or twelve beats, and then become slow and apparently labored. There was no murmur, nor any enlargement or other evidences of valvular lesions. Ordered nitro-glycerine in the usual commencing doses.

November 15th.—The medicine has been taken according to directions. It has caused more headache than usual, but the palpitation has been greatly benefited. Patient says he could sleep on his left side last night, for the first time in months. Ordered nitro-glycerine to be continued, together with a laxative for the bowels. Heart not examined.

November 22d.—Patient has become very enthusiastic with reference to the virtues of nitro-glycerine. It has relieved him more than any remedy he has ever taken. An examination of the heart sustained this favorable account of the drug. It was found to be more regular in its action and less intermittent, losing but four beats per minute. The head symptoms produced by the medicine have become scarcely perceptible. Ordered glonoin continued in double doses.

November 26th.—The improvement has continued. The palpitation is greatly abated, and the heart loses but two beats per minute.

This patient has been twice seen subsequently. Early in the present month he stopped the nitro-glycerine for a few days, when there was, almost at once, an exacerbation of the symptoms. He is at this time (December 17th) taking the remedy in two-drop doses four times a day, and is apparently steadily improving.

The foregoing cases, seven in number, sufficiently illustrate the action of nitro-glycerine in the ordinary forms of heart-disease met with in practice. I have observed the effects of the drug in twenty-eight different cases, and in only four has it absolutely failed. In all the others more or less relief was obtained, and in some the effects were most gratifying. As far as I have been able to judge, however, its effects are only temporary, even in cases independent of organic lesions. It may be regarded simply as a symptom-medicine, and one which probably exerts little, if any, permanent effect on the course of diseases of the heart. It undoubtedly has its sphere in the treatment of painful and irritable conditions of this organ, however, and for the temporary relief of these conditions it has seemed to me to be rather more reliable than any other single remedy.



## GLONIN AND DIGITALIS.

A new and interesting use of glonoin has lately been suggested and tested by Professor W. H. Thomson, of New York. In a recent paper (*Medical Record*, May 19, 1888) he says of digitalis: "We all know, now, that one of the commonest causes of cardiac dilatation is not to be found in the heart at all, but in *an obstructed arterial circulation*. It is probable that arteries, narrowed in their calibre, are the cause of cardiac hypertrophy and subsequent dilatation three times in adults to valvular disease of the heart once; and just here it is that the employment of digitalis in heart failure so often disappoints us most signally, for, unfortunately, while it increases the contractile power of the heart, it also contracts the arteries, and thus often adds as much obstruction to the circulation in that way as it aids the circulation by its increase of the heart's propulsion, a fact often illustrated in cases of dropsy from Bright's disease, where the condition of the systemic arteries is the primary cause of the anasarca. It is in just such cases that nitro-glycerine can help us to administer the digitalis with more than double the beneficial effects of the administration of digitalis singly. Nitro-glycerine by its universal and prompt relaxation of the whole arterial system, makes every stroke of the ventricles stimulated by digitalis, not only more powerful but also far more effective, in completing the systole with a short and heart-emptying contraction. Meantime, by its action in paralyzing the inhibitory action of the vagus, it insures a more rapid diastole, and in many instances I have found the intermittency caused by digitalis to disappear as soon as the effects of the nitro-glycerine are felt. The effects of this upon the anasarca in these cases is about as complete and gratifying as any remedial operation with which I am acquainted. But on the other hand, the influence of nitro-glycerine alone, as I have noted in a number of instances, is almost *nil* on the dropsy, however much it often seems to have a beneficial influence on the secretory action of the kidneys by increasing the specific gravity of the urine."

## GLONIN WITH STROPHANTHUS.

The new cardiac remedy, strophanthus, does not contract the systemic arteries nearly as much as does digitalis. But Dr. Thomson finds that alternating glonoin with strophanthus greatly increases the value of the latter in weak heart combined with contracted arteries. He gives several interesting cases illustrating the com-

bined action of glonoin and digitalis, and glonoin and strophanthus, and the results were very happy. His usual doses were three to five drops of digitalis or strophanthus, continued with one to two drops of the one per cent. solution of glonoin (our 1c dilution). Since reading Dr. Thomson's paper, I have had an opportunity of testing his practice. It was a case of cardiac dilatation, with enormous anasarca, in an old man. The arteries were very tense and rigid, due to atheroma. There was great dyspnœa, and quick, intermittent pulse. Digitalis had been given alone by a former attendant, in ten to fifteen drop doses three times a day—rather aggravating the symptoms. I prescribed three drops of digitalis tincture every four hours, alternated with one drop glonoin 1c every four hours. In less than twelve hours the beneficial effect of this method was manifest. The dyspnœa was relieved, the cold extremities became warmer, the urine increased greatly, and the pulse and heart action became nearly regular. The dropsy disappeared in a week.

I have for several years used aurum in such cases; it has about the same effect on the arterial system as glonoin, but not so prompt. Aurum mur. et sodii in doses of one-hundredth or one-fiftieth grain is the best preparation.

## THE TONGUE IN DISEASE.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

### REPERTORY.

(Continued from page 522, August number.)

#### TONGUE:

- exfoliated.—*Ranunc. s.* (in spots, which are raw).
- feels as if adhering to palate.—*Caust.*
- — bitten.—*Plumb.*
- — broad, too.—*Plumb., puls., zinc.*
- — burnt.—*Alumina* (sore), *china* (as if, and raw), *glon.* (numb), *ignat.* (and sore, when eating), *lauroc.* (numb), *mag. m., merc. s., phytol.* (back part), *puls.* (middle, even when moist), *rumex* (dry).
- — chapped.—*Merc. s.* (painful).
- — cold.—*Acon., bell.* (forepart, also dry), *cistus* (when air is inhaled), *hydr. ac.*
- — dry.—*Acon.* (middle), *apis, arg. nit.* (but is moist), *bell.* (forepart, also cold), *nat. mur.* (but is not), *phos. ac.*
- — hair, a.—*Kali bich.* (on back part), *nat. m., silicea* (on forepart).



## TONGUE:

- feels heavy, too.—*Verat. alb.*
- — hot, as if in contact with something.—*Sang.*
- — large, too.—*Æthus., paris, puls.*
- — leather covered.—*Nux m.*
- — long, too.—*Æthus.*
- — numb.—*Glon.* (as if burnt), *lauroc.* (as if burnt). (See “numb.”)
- — paralyzed.—*Absinth., cocc.*
- — raw.—*Glon.* (and swollen), *kali carb.* (tip), *lycop.* (tip). (See “raw.”)
- — rigid.—*Fluor. ac.* (with restricted mobility).
- — rough.—*Acon.* (middle, also dry), *Alumin., ptelea, thuja.*
- — scalded.—*Æscul., coloc., ham., lycop.* (tip), *merc. jod. fl., platin., puls.* (on edges), *psorin.* (tip), *sang.* (tip), *sepia, verat. v.*
- — sleep, as if gone to.—*Nux m.*
- — smarting.—*Ipec.* (on edge).
- — sore.—*Alumin.* (as if burnt), *arn., puls.* (on edges), *sabad.* (as if full of blisters), *sep.* (as if), *zinc* (as if). (See “sore.”)
- — swollen.—*Acon.* (as if), *bapt.* (and thick), *glon.* (and raw), *spig.* (back part, especially when chewing).
- — thick.—*Bapt.* (embarrassing speech).
- — tied up.—*Crotal.* (cannot speak).
- firm, on pressure.—*Oxal. ac.*
- fissured.—*Baryt. c.* (on left border), *carb. veg., fluor. ac.* (deeply), *mezer.* (centre), *nat. ars.* (also anterior part only), *nit. ac.* (and dry). (See “cracked.”)
- flabby.—*Chin. sulph., kreos., mag. m.* (tip and edges), *merc. s., nat. ars.*
- folded.—*Illicium* (edges, like little bags), *plumb.* (to the left).
- FOREPART.
- — biting.—*Ign.* (from tobacco smoke).
- — burning.—*Coffea, colc., mezer.* (like pepper), *phos., psorin.*
- — clean.—*Nux v.* (deeply furred posteriorly).
- — coldness and dryness.—*Bell.* (feeling of).
- — coated white.—*Ferr., merc. c.*
- — denuded.—*Mezer.*
- — dryness.—*Bell.* (sense of), *caps.* (A.M.), *como.* (forenoon), *coffea, rumex.*

## TONGUE: FOREPART.

- — — fissured.—*Nat. ars.*
- — — hair, feeling of a.—*Sil. (kali b. back part).*
- — — hard.—*Merc. s.*
- — — heat.—*Mezer., rumex.*
- — — numb.—*Ign. (when talking), mag. c. (A.M. on waking).*
- — — papillæ, elevated.—*Mezer.*
- — — red and shining.—*Nux v. (deeply furred posteriorly).*
- — — smarting, acrid.—*Sepia.*
- — — sore.—*Staph.*
- — — stiff.—*Berb.*
- — — stitches, fine.—*Ledum.*
- — — thick, feels.—*Berb., laches.*
- — — formication.—*Acon. (also extending to lips and lower part of palate), merc. s., nat. m., platina, puls. (evening), secale, verat. alb.*
- — — foul.—*Ars., cannab. ind. (A.M.), eup., hyperic. (on rising), hydroc. ac. (dark), kali bich., merc. s., petrol., plumb.*
- — — froth, covered.—*Plumb.*
- — — fungoid surfaces.—*Benz. acid (deeply chapped).*
- — — furred.—*Ars. (thickly), bell. (and dry or white clammy), canth. (thickly, but red edges), chin. sulph. (thick yellow), dig., eup. perf. (white), eup. purp., kali bich. (thick yellow, towards base), nat. ars., nux v. (deeply on posterior half; anterior half clean, sometimes red and shining), phos., podoph. (white), ptelea (white), sulph. (A.M., but wears off during the day).*
- — — sides.—*Ars. (red down the middle).*
- — — gangrene.—*Ars., kali carb., merc. c., merc. d., secale.*
- — — glazed.—*Secale.*
- — — glossy.—*Apis, nux v. (ant. half), phos., tereb. (and smooth, as if deprived of papillæ. In typhoid).*
- — — gone to sleep, as if.—*Nux m.*
- — — greasy.—*Iris (A.M.), opium (unctuous).*
- — — green.—*Nit. acid (with ptyalism), plumb.*
- — — gray.—*Ars., bell., chel., merc. jod. fl. (grayish), puls. (and parched).*
- — — whitish.—*Hyper., phos. ac.*
- — — yellowish.—*Arg. nit., ferr.*
- — — grows pale.—*Ipecac.*



## TONGUE:

- hair, sensation of a.—*Kali bich.*\* (on back part), *nat. mur.*, *silicea* (on forepart).
- hanging out of mouth.—*Stram.* (swollen).
- hard.—*Arg. nit.* (as a chip), *aur. met.* (as leather), *baryta c.* (centre), *hyos.* (looks like burnt leather), *kali jod.*, *merc. s.* (dry and black), *mur. acid* (as leather).
- heat.—*Acon.*, *amm. c.*, *apis*, *ars.*, *cocc.* (A.M. on waking), *crot. tig.*, *lycop.* (during breakfast), *oxal. ac.* (evening). (See "warmth.")
- heavy.—*Anac.*, *bell.*, *carb. v.* (embarrassing speech), *colch.*, *hyos.*, *laches.* (cannot open mouth wide), *lycop.*, *mur. ac.* (as lead), *nat. mur.* (in children), *nux v.* (when talking), *plumb.* (paralyzed), *secale*, *stram.*, *verat. alb.*
- hot, as if in contact with something.—*Sang.* (red).
- hurts, as if bitten.—*Plumb.*
- inability to speak.—*Actea r.* (cannot utter a word, though she makes the effort), *æscul.* (uncontrollable tongue, cannot form words rightly), *agaric.* (due to tremulous propulsion), *arg. nit.* (from spasm), *con.* (paralysis), *crotal.* (feels tied up), *dulc.* (paralysis), *hyosc.* (paralysis), *kali brom.* (from disordered action), *laches.* (from trembling), *nux m.* (paralysis), *secale* (from spasm).
- indented by teeth.—*Ars.*, *chel.*, *hydras.*, *merc.*, *merc. jod. fl.* (on edges), *rhodo.*, *rhus tox.*, *viburn.*
- indurated.—*Carb. ani.* (knotty), *carb. v.*, *merc.* (See "hard.")
- inelastic.—*Sulph. ac.* (and dry, embarrassing speech).
- inflamed.—*Aloes* (sore spots), *bell.*, *bryo.*, *canth.*, *crotal. h.*, *gels.* (middle), *merc.* (with pricking), *merc. c.*, *mezer.*, *nux v.*, *oxal. ac.*, *plumb.*, *ran. s.*
- immovable.—*Aur. met.*, *carb. ani.*, *myrica* (almost so, from crusty deposits), *phos.* (covered with black crust).
- insensible.—*Hell.*, *rheum.*
- itching.—*Alumi.* (must scratch), *castor.* (5 P.M.), *cedr.* (5 P.M.), *mezer.*, *phos. ac.*, *rhus v.* (8 P.M.).
- jerking.—*Castor.* (towards throat, also drawing).
- knotty.—*Carbo ani.*
- lame.—*Dulc.*, *euphr.* (and stiff), *hydro. ac.* (and stiff).

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\* On line 3, page 518, *kali bich.* is given as having "sensation as of a hair on forepart of tongue," instead of *silicea*.—E. F.

## TONGUE:

- large, seems too.—*Acon.*, *ars.*, *colch.*, *crot. tig.*, *glon.*, *hydras.*, *kali bich.*, *merc. c.*, *nat. ars.* (moist, fissured, and flabby), *oxal. ac.*, *paris. phos.*, *plumb.*, *puls.*, *sepia*.
- lead color.—*Ars.*, *carbo v.*, *secale* (middle).
- leather, like burnt.—*Hyosc.*
- leathery.—*Acon.*, *hyosc.*, *nux m.* (as if leather covered).
- lifeless, feels.—*Bell.*
- lisping.—*Nat. carb.*, *nit. ac.*, *nux v.*, *verat. alb.*
- livid.—*Ailant.* (tip and edges), *oxal. ac.*
- long, feels too.—*Ethusa.*
- mapped.—*Laches.*, *nat. mur.*, *tarax.*
- MIDDLE.
- — biting.—*China* (as if burnt and sore).
- — black.—*Phos.*
- — brown.—*Ailant.*, *arn.* (streak down), *colch.*, *hyosc.*, *phos.*, *plumb.*
- — burned, as if.—*Puls.* (even when moist).
- — coated.—*Ars.*, *china*, *phos.*, *rhus tox.* (A.M. on rising).
- — — brownish.—*Ars.*, *sec. c.* (lead color).
- — — reddish-brown.—*Rhus tox.* (A.M. on rising).
- — — white.—*Ars.*, *canth.*, *nat. ars.*, *petrol.*, *stram.*
- — — yellow.—*Bapt.*, *lept.*, *verat. v.*
- — cracked, across.—*Kobalt.*
- — dry.—*Acon.*, *ant. t.*, *colch.*, *crot. tig.*, *hyos.*, *phos.*, *sulph. acid.*
- — erosion, painful.—*Amm. carb.*
- — fissured.—*Mezer.*, *rhus v.*
- — inflamed.—*Gels.*
- — raw, feels.—*Acon.*
- — red.—*Ant. t.*, *ars.* (furred down sides), *caust.*, *cham.* (white on sides).
- — — streak down.—*Arg. nit.*, *phos. ac.*, *verat. v.* (rest yellow).
- milky.—*Ant. c.* (as if white-washed), *arn.*, *ars.* (as if painted white), *bryon.*, *glon.* (no coating), *nux v.*, *sepia*.
- moist.—*Ailant.* (white), *carb. v.* (blue and sticky), *merc. s.* (violent thirst), *nat. ars.* (and flabby), *nit. acid.*, *phos.*, *podo.* (white), *sabad.* (in fevers), *stram.*, *tarent.*, *zinc.*
- MOTION.
- — constant.—*Acon.*, *opi.*, *stram.* (pale red).
- — difficult.—(See “difficult to move.”)



## TONGUE, MOTION :

- — oscillating.—*Hell.*, *lycop.* (to and fro).
- — painful.—*Ant. t.*, *berb.*, *china*.
- — quivering.—*Plumb.* (See “trembling.”)
- — side to side out of mouth.—*Acon.*
- — tremulous.—*Opium.* (See “trembling.”)
- mottled.—*Coni.*, *plumb.*
- mucus.—(See “covered with.”)
- nodosities.—*Aur. met.* (stony hard), *mang. acet.*
- numb.—*Acon.*, *agaric.* (l. s.), *ambra* (on waking), *calc. phos.*, *coca*, *colch.*, *crotal.*, *eup. pur.*, *gels.*, *glon.* (as if burnt), *hell.*, *ign.* (ant. half, when talking), *lauroc.* (as if burnt), *lycop.*, *nat. mur.* (and stiff; whole organ, or only one side), *nux m.* (night), *rheum*, *sepia* (evenings), *silicea*.
- œdema.—*Apis.*
- oily, feels.—*Physos.* (See “greasy.”)
- oscillating.—*Hell.* (and slightly protruded), *lycop.* (to and fro). (See “thrust backward.”)
- painful.—*Amm. c.* (erosion in middle), *ant. tart.* (to move), *apis*, *arg. nit.*, *ars.*, *bovis.* (cutting), *carb. ani.*, *cicuta* (edges ulcerated), *coni.*, *fluor. ac.* (when talking), *gels.*, *kali bich.*, *lycop.* (swollen in places), *merc. s.* (as if chapped), *mur. ac.*, *nit. ac.* (edges ulcerated), *oxal. ac.*, *phos.*, *phos. ac.* (when talking), *plumb.* (cracked), *sabad.* (all the way down the throat, making deglutition difficult), *sang.* (like a boil), *sepia* (as if sore or scalded), *spig.* (when chewing), *sulph.* (burning), *zinc* (as if sore).
- — at tip.—*Arg. nit.*, *calc. o.* (burning), *caust.* (burning), *zinc* (shooting). (See “sides.”)
- painted white, as if.—*Ars.*
- pale.—*Ars.* (and doughy), *bell.*, *canth.*, *dig.*, *ham.*, *merc.*, *nit. ac.*, *oxal. ac.*, *phos.*, *phos. ac.* (typhus), *plumb.*, *secale* (deathly), *sulph. ac.*
- — grows.—*Ipecac.*
- — red.—*Stram.*
- PAPILLÆ.
- — elevated.—*Agar. m.*, *arg. nit.*, *ars.*, *bell.*, *bryo.* (filiform), *caust.*, *ham.*, *lycop.*, *merc. c.*, *mezer.* (white base), *olean.* (rough, dirty, white base).
- — enlarged.—*Cup.*, *laches.*
- — erect.—*Arg. nit.*

## TONGUE, PAPILLÆ:

- — filiform.—*Bryon.*
- — inflamed.—*Bell.*
- — prominent.—*Arum t., ptelea* (red).
- — reddened.—*Ant. tart., bapt.* (scattered), *bell.* (deep), *nux m.*  
(white, or yellow base), *ptelea* (prominent), *mezer.*
- — scattered.—*Bapt.*
- — at back part.—*Agar. m., kali bich., nat. ars.*
- — at forepart.—*Mezer.*
- — at the left side.—*Arg. nit.*
- — at tip.—*Ars.*
- — at root.—*Ham.*
- paralysis.—*Aranea* (partial), *bell., baryt. c., caust., coni., dule.*  
(from cold), *hyosc., opi., plumb., secale, stram.*
- paralytic weakness.—*Bell.*
- paralyzed.—*Acon.* (especially at tip), *dule., gels.* (partially), *nux m., plumb., stram.*
- — seems.—*Absint., cocc.*
- parched.—*Ailant., carb. v., hyosc., phos., puls.* (dry, no thirst),  
*rhus t., stram.* (dry), *sulph.* (brown, rough).
- pasty.—*Ant. tart.* (white), *bufo, nux m.*
- patchy.—*Ars.*
- peeling.—*Ran. s.*
- piercing.—*Acon.*
- pimples.—*Apis* (stinging), *caps.* (stinging), *bell.* (burning), *lycop., nux v.* (painful), *plumb.* (< talking). (See "vesicles.") (See "sides.")
- pointed.—*Actea r.* (trembling), *plumb., secale* (tip).
- posterior part.—(See "back part.")
- pressure, tearing.—*Laches.*
- prickling.—*Apis, eup. pur., glon., hell.* (> by rinsing mouth with water), *laches., mag. m.* (violent), *merc. s.* (pain), *rhodo., sang., secale, ustil.*
- print of teeth, shows.—(See "indented.")
- propulsion, tremulous.—*Agaric.* (embarrassing speech).
- protrusion.—*Absint.* (can scarcely talk), *acon., bell., cina, cocc.* (in trismus), *colch.* (difficult), *crotal. h.* (swollen), *gels.* (very difficult), *hell.* (slight, oscillating), *hydroc. acid* (often), *hyosc.* (difficult, can hardly draw it in), *laches.* (trembling), *lycop., merc. c., nux v., opi., phytol., plumb., stram.*
- — difficult.—*Colch., gels., hyosc., laches.*



## TONGUE :

- protrusion, inability for.—*Apis, dulc., lycop., merc., nux v., sabad.* (with sore throat).
- purple.—*Hydras., opi.*
- pustules.—*Amm. c.* (burning and stinging), *ant. tart., hep., sepia.*
- quivering.—*Plumb.*
- ranula.—*Merc. s.* (with ptyalism and sore gums), *staph., thuja* (bluish, surrounded by varicose veins; jelly-like, or gray).
- rattles, like a piece of leather.—*Mur. ac.*
- raw.—*Amm. carb., amm. caust., ars., baryt. c.* (on waking), *carb. v., china* (as if burned), *cinnab.* (after rinsing with cold water), *coloc.* (after smoking), *cup., gels., glon.* (and swollen), *kali c., lycop.* (A.M., or after smoking), *merc. s., naja, petrol., phos., ran. s.* (in spots), *sulph. ac., tarax., thuja.* (See "sides.")
- red.—*Aloes* (dry), *ant. tart.* (in streaks), *ars.* (morbidly), *apis, bell., bism., caust.* (middle, sides white), *cham.* (centre, sides white), *colch.* (bright), *coloc., crotal. h.* (sore and smooth), *cup., gels., hell.* (dry), *hyosc., kali bich.* (dry, smooth), *kali brom.* (dry, or tender), *laches.* (dry, cracked at tip), *lycop.* (dry), *merc. s.* (dry, or with dark spots and burning), *mezer., nat. ars.* (deep), *nat. m., nux v.* (dark, with cracked edges, or red and shining on anterior half), *oxal. ac.* (dry and swollen), *phos., rhus tox.* (dry, cracked), *rhus v., sang., stram.* (dry), *sulph., sulph. ac., verat. alb., zinc.* (See "sides.")
- ——— bluish.—*Canth., sulph. ac.*
- ——— bright.—*Colch.*
- ——— centre.—*Ant. tart.* (dry), *cham.* (sides white).
- ——— dark.—*Nux v.* (edges cracked).
- ——— deep.—*Nat. ars.* (corrugated, anterior part fissured).
- ——— edges.—*Ant. c.* (sore), *ant. tart., ars., bapt.* (shining).
- ——— margin.—*Gels.* (centre white).
- ——— middle.—*Ars.* (down), *caust.* (sides white).
- ——— pale.—*Stram.* (in constant motion).
- ——— in spots.—*Oxal. ac., tarax.*
- ——— in streaks.—*Ant. tart.*
- ——— streak down the middle.—*Arg. nit., phos. ac., verat. v.* (rest yellow). (See "strawberry tongue.")
- relaxed.—*Apis, camph., carb. ani., chin. s.* (A.M.), *cup. acet., ham.* (evening), *plumb., stram.*
- retracted.—*Bell.*

## TONGUE:

- rhagades.—*Mag. m.* (with violent burning).
- rigid, feels.—*Fluor. acid* (with retracted mobility).
- rolled around in mouth.—*Nux m., stram.*
- Root.
- — aching.—*Sulph.* (< towards evening).
- — brown.—*Paris* (A.M., after rising).
- — burning.—*Amm. caust., arum t.*
- — coating.—*Ars.* (yellow), *calc. ph.* (A.M.), *chin. sulph.* (yellow), *colch., collin.* (yellow), *ferr. phos.* (yellow), *merc. cor.* (white, or yellowish-white), *merc. cya.* (A.M., metallic looking), *ptelea, rhus tox.* (yellowish-white).
- — constriction.—*Gels.*
- — cramp.—*Acon., bell.*
- — drawn-together, feels.—*Hydro. ac.*
- — dryness.—*Hydras.*
- — eruption.—*Crot. tig.*
- — lead color.—*Secale.*
- — pain.—*Cocc.* (from swelling), *colch.* (acute on moving), *phytol., ptelea.*
- — pressure.—*Ham.*
- — prickling.—*Mezer.*
- — rawness.—*Arum t., benz. ac.*
- — scraping.—*Amm. caust.*
- — sensation, as if something had lodged there.—*Phytol.*
- — soreness.—*Benz. ac., lycop.*
- — stitches.—*Ars.* (as from a fish-bone, on swallowing and on turning head), *clemat.* (dull, boring), *nit. ac.* (when not swallowing).
- — swollen.—*Ars., cocc., merc. c., phos.*
- — yellow.—*Chin. sulph.*
- rough.—*Alumin., anac.* (as a grater), *angust., arg. nit., bryon., coll., coloc., cup.* (dry), *dulc., lauroc.* (dry), *lycop.* (after smoking), *merc. s., nat. ars., oleand.* (dirty white, with elevated papillæ), *opi., oxalic ac., paris* (white, as if covered with millet-seed), *phytol.* (tip), *sepia* (dry), *stram., sulph.* (brown, parched).
- — feels.—*Acon.* (middle), *alumin., ptelea, thuja.*
- scabs.—*Oval. ac.* (white), *plumb., secale* (hard), *sulph. ac.* (grayish).



## TONGUE :

- scalded, feels.—*Æscul.*, *allium cep.*, *ars.*, *bapt.*, *coloc.*, *graph.*  
(after eating), *ham.*, *hydras.* (< by smoking), *hyosc.*, *iris*  
(A.M.), *merc. j.*, *rub.*, *platin.*, *ptelea*, *physo.*, *puls.*, *rhus v.* (dur-  
ing dinner), *sepia*.
- — edges.—*Puls.*, *sepia*.
- — tip.—*Lycop.*, *psorin.*, *sang.* (See “sides.”)
- scalloped, edges.—*Kali bich.*
- *Sensation.*
- — of adhering to palate.—*Caust.*
- — of coldness.—*Acon.* (cold air), *bell.* (forepart), *cistus c.*  
(when air is inhaled), *hydro. acid.*
- — of dryness.—*Acon.* (in middle), *apis*, *bell.* (forepart), *nat.*  
*m.* (but is not dry), *arg. nit.* (but is moist).
- — of a hair on.—*Kali bich.* (on back part), *nat. m.*, *silicea*  
(on forepart).
- — of heat.—*Acon.*, *apis*, *ars.*, *crot. tig.*, *lycop.*, *merc. c.*, *oxal*  
*ac.* (evenings), *phytol.*, *puls.*, *sulph.*, *tarax.*
- — of rawness.—*Glon.* (See “raw.”)
- — of roughness.—*Acon.* (in middle), *alumina*, *ptelea*, *thuja*  
(on surface).
- — of smarting.—*Ipec.* (in edge). (See “smarting.”)
- — of scraping.—*Caust.*, *hydr. ac.*, *mezer.*, *thuja* (on the sur-  
face).
- — of a skin on.—*Rhus tox.*
- — of soreness.—*Ignat.* (when eating), *sabad.* (as if full of  
blisters). (See “sore.”)
- — as if tied up.—*Crotal.*
- sensibility, loss of.—*Ars.*, *colch.*, *hell.*, *merc. s.*, *sulph. ac.*
- sensitive.—*Carbo v.*, *graph.*, *merc. c.*, *nit. ac.*, *oxal. ac.*, *petrol.*,  
*phytol.*, *tarax.* (spots).
- shining.—*Bapt.* (edges, centre yellow-brown), *laches.*, *nat. mur.*,  
*nux v.* (anterior half; posterior covered with deep fur), *phos.*,  
*sulph. ac.* (See “glossy.”)
- shows print of teeth.—(See “indented.”)
- sides aching.—*China* (when talking).
- — biting.—*Dros.* (right side), *Ipec.*
- — bitten.—*Ign.* (when talking, or chewing).
- — bleached.—*Canth.*
- — blue line.—*Plumb.*

## TONGUE:

- sides burning.—*Acon.*, *agar.* (right side), *angust.* (left side),  
*apis*, *berb.* (stinging), *camph.*, *carbo ani.* (as if sore),  
*colch.* (prickling), *cyclam.* (left side), *glon.* (left side, in  
a spot), *nat. sulph.* (left side), *platina* (right side).
- — coldness.—*Aloes* (left side).
- — cutting.—*Kalmia* (right side, < biting), *mag. sulph.* (left  
side).
- — dark.—*Opium.*
- — denuded.—*Ran. s.* (like islands).
- — dryness.—*Cocc.*, *dios.* (A.M.), *sang.* (extending over whole  
organ, A.M., after waking).
- — furred.—*Ars.* (red down the middle).
- — gray patches.—*Merc.*
- — indented.—*Ars.*, *chel.*, *merc.*, *plumb.*
- — inflamed.—*Ptelea* (right side).
- — lacerated.—*Nux m.*
- — numb and stiff.—*Nat. mur.* (one side).
- — painful.—*Aran.*, *arum t.*, *baryt. c.* (as from vesicles), *calc.*  
*ost.* (on motion), *caust.* (especially left side), *coloc.* (pul-  
sating), *rhod.* (in a spot).
- — pallor.—*China*, *sulph.*
- — pimples.—*Apis*, *arg. n.* (left side), *nit. ac.*, *sulph.* (left side).
- — pressure.—*Nux m.*
- — rawness.—*Apis*, *mur. ac.*
- — red.—*Ant. c.*, *apis* (left side, in spots), *ars.*, *bapt.*, *canth.*,  
*chel.*, *colch.*, *cup.*, *cup. acet.*, *lactic ac.*, *merc.*, *merc. c.*,  
*merc. cyan.*, *merc. j. f.*, *mur. ac.*, *nit. ac.*, *opium*, *oxal.*  
*ac.*, *phos.*, *plumb.*, *secale*, *stram.*, *sulph. ac.*, *verat. vir.*
- — scalding.—*Apis.*
- — soreness.—*Agaric.* (right side, in spots), *ant. c.* (right side),  
*carbo v.* (right side), *coloc.* (while eating), *laches.* (left  
side).
- — stiff.—*Lauroc.* (and swollen, left side), *nat. mur.* (and  
numb, one side), *secale.* (See “stiff.”)
- — stitches.—*Apis*, *carb v.* (right side), *china* (left side, when  
swallowing), *cyclam.* (left side), *glon.* (left side, in a  
spot), *merc.* (burning), *nat. c.* (left side), *phos. ac.* (right  
side), *sang.* (left side), *sepia* (left side), *spig.* (right side,  
fine).



## TONGUE:

- sides swollen.—*calc. o.*, *lauroc.* (and stiff, left side), *phos.*, *secale*, *silicea* (one side), *thuja* (< right side), *zinc* (left side).
- — ulcers.—*Ars.*, *cup. acet.* (with yellow base), *bovista* (left side, depressed, sore on touch), *merc.*, *merc. cyan.* (right side), *thuja* (indurated, painful).
- — vesicles.—*Amm. c.*, *ant. tart.* (left side), *apis* (left side, painful), *carbo ani.*, *caust.*, *ham.* (right side), *mang. acet.* (left side, burning), *merc.*, *merc. cyan.* (left side), *phytol.*, *sepia* (left side), *sulph.* (smarting).
- — white.—*Rhus tox.* (often on one side). (See "edges.")
- slimy.—*Chel.*, *psorin.* (thick, whitish-yellow slime).
- smarting.—*Bapt.*, *calc. o.* (on rubbing against mouth), *nit. acid* (by least touch of food), *phos. ac.* (only at night), *phys.*, *ptelea*, *rhus tox.*
- — tip.—*Agaric.*, *phyt.*, *ran. s.*
- smooth.—*Crotal.* (and red), *crot. tig.*, *kali bich.* (and red), *tereb.* (and glossy, as if deprived of papillæ).
- soft.—*Apis*, *merc. c.*
- sore.—*Alumin.* (as if burnt), *apis*, *arn.*, *arum*, *bapt.*, *calc. o.* (dorsum), *caust.*, *crotal.* (and red), *dig.*, *fluor. ac.*, *laches.*, *lycop.*, *merc. c.*, *mur. ac.*, *nat. m.*, *nit. ac.*, *nux v.*, *oxal. ac.*, *phos.*, *puls.* (on edges), *sabad.* (as if full of blisters), *sang.* (pain, like a boil), *sep.*, *sil.*, *thuja*, *zinc.*
- — feels.—*Ign.* (when eating), *sabad.*
- — tip.—*Æsc.* (as if ulcerated), *agar.*, *calc. o.*, *calc. phos.*, *diosc.* (and brown < A.M.), *thuja* (to touch). (See "sides"—"soreness.")
- spasm.—*Borax* (like stiffness), *cham.*, *secale* (projecting from mouth and forcing it between the teeth).
- — of its muscles.—*Arg. nit.*
- SPEECH EMBARRASSED.

*Actea r.* (inability to utter a word, though she makes the effort), *æscul.* (uncontrollable tongue, cannot form words rightly), *agaric.* (tremulous propulsion), *anacard.* (from heaviness; speech firmer in the afternoon), *apis* (cannot protrude the tongue), *arg. nit.* (cannot talk, from spasm), *baptisia* (from thickness), *carbo veg.* (from heaviness), *conium* (from paralysis), *crotalus* (feels tied up), *cyclamen.* (from burning blisters on tip), *dulcam.* (from paralysis), *gelsem.* (from partial paralysis), *hyosc.* (from paralysis), *kali*

## TONGUE, SPEECH EMBARRASSED :

*brom.* (from disordered action), *lachesis* (from heaviness or trembling), *lauroc.* (from swelling and stiffness of left side), *lycop.* (from stiffness and dryness A.M.), *mur. acid* (from heaviness), *niccolum* (from stiffness), *nux mosch.* (from paralysis; child, though old enough, cannot talk, as if it were difficult to move the tongue), *nux vomica* (from heaviness), *secale* (from spasm, or a sort of paralysis), *sulphur. ac.* (from dryness and inelasticity), *verat. alb.* (from heaviness; lisping), *zincum* (from left side swelling).

— — hurried.—*Ars.*, *bell.*, *hepar*, *laches.*, *merc.*

— — lisping.—*Verat. alb.*

— — stammering.—*Acon.* (temporary), *bell.*, *caust.*, *merc.*, *opi.*, *stram.*, *verat. alb.*

— spongy.—*Stram.*

— spots.—*Ars.* (burning like fire), *eup. ars.* (denuded), *merc. s.* (dark), *nit. acid* (sore), *petrol.* (yellowish), *ran. s.* (raw), *sulph. ac.* (aphthous), *tara.x.* (white, or dark red, tender, sensitive), *plumb.* (on tip, purple, inflamed).

— stammering.—(See "speech.")

— streaked, down the middle.—*Arg. nit.* (red), *arn.* (brown), *phos. ac.* (red), *verat. alb.* (red).

— sticky.—*Berb.*, *carb. v.* (and moist), *merc. jod. fl.*, *nux m.*, *sepiu.*, *sulph. ac.* (like glue).

— stiff.—*Aloes*, *borax*, *calc. phos.*, *colch.*, *coni.*, *crotal.*, *euph.* (and lame), *fluor. ac.* (with restricted mobility), *hydroc. ac.* (and lame), *laches.* (and black), *lauroc.* (and swollen, left side), *lycop.* (and dry, A.M.), *merc. c.* (white and swollen), *nat. m.* (and numb, only on one side), *secale* (sides).

— stinging.—*Acon.*, *apis*, *eup. pur.*, *glon.*, *nit. ac.*, *phos.* (tip), *spong.* (in vesicles).

— stitches.—*Aloes* (fine, from behind forward, in underpart, when moving it), *bapt.*, *calc. o.*, *carb. v.*, *cham.*, *china*, *cyela.* (fine), *fluor. ac.*, *glon.*, *hell.*, *kalm.*, *kali bich.*, *laches.*, *lauroc.*, *ledum*, *mag. m.*, *mez.*, *olean.*, *ptelea*, *puls.*, *verat. alb.* (See "sides" — "stitches.")

— — burning.—*Apis*, *merc. s.* (sides), *oleand.*, *rhus tox.*

— strawberry.—*Bell.*, *merc. c.*

— sunken.—*Bryo.*, *merc. c.*

— suppurating.—*Canth.*, *merc. s.* (with pinching).

— surfaces.—*Benz. acid* (deeply-chapped fungoid).



## TONGUE:

- surfaces, anterior.—*Phos.* (small, red, bleeding tips).
- — upper.—*Ars.* (white), *cup. ars.* (denuded in spots), *merc.* (dirty-yellow coat).
- — under.—*Aloes* (stitches extending forward, on motion), *calc. o.* (pain on motion), *graph.* (painful ulcers), *rhus v.* (vesicles), *thuja* (cutting), *zinc* (biting).
- swollen.—*Acon.*, *actea r.*, *apis*, *bell.*, *calc. phos.*, *canth.*, *castor*, *cicuta*, *coni.*, *crot. h.*, *dig.*, *dulc.*, *hell.*, *hydras.*, *kali c.*, *laches.*, *lycop.*, *merc. s.*, *merc. c.* (white and stiff), *oxal. acid* (red, dry), *phos. acid* (with pain when talking), *plumb.*, *ptelea*, *stram.* (hanging out of mouth), *thuja* (< right side), *verat. alb.* (dry, cracked and too red).
- — at root.—*Ars.*, *phos.*
- — at sides.—*calc. o.*, *lauroc.* (and stiff, left side), *phos.*, *secale*, *silicea* (one side), *thuja* (< right side), *zinc* (left side).
- tearing.—*Laches.*, *puls.*
- tender.—*Apis*, *fluor. acid*, *kali brom.* (red), *merc.*, *phytol.* (tip), *tarax.* (spots).
- tensive.—*Oxal. acid*, *puls.*
- thick.—*Absinth.* (and protruded), *bapt.*, *phytol.* (and protruded).
- thickly coated.—(See “coated.”)
- thrust backward.—*Opi.* (See “oscillating.”)
- — between teeth.—*Merc. c.*, *opi.*, *stram.*
- tied up, as if.—*Crotal. h.*
- tingling.—*Acon.*, *alum*, *secale* (painful), *zinc.*
- TIP.
- — blotches, purple on.—*Plumb.*
- — brown.—*Diose.* (and sore < A.M.).
- — burning.—*Agar.*, *baryt. c.* (sense of excoriation), *calc. o.* (painful), *calc. phos.*, *caust.* (painful), *china* (followed by ptyalism), *coloc.*, *hydr. acid*, *kali c.* (as if raw), *nat. m.*, *sabad.*, *sang.* (as if scalded).
- — burnt sensation.—*Calc. phos.*, *ign.* (A.M., in bed), *mezer.*, *phos.*
- — canker spots.—*Ham.*
- — clean.—*Mag. m.* (also edges).
- — cold.—*Bryon.*, *camph.*, *phytol.*
- — cracked.—*Laches.* (rest dry and red).
- — curled up.—*Stram.*
- — cutting.—*Thuja.*

## TONGUE, TIP :

- — denuded.—*Oxal. acid, sulph. acid.*
- — dry.—*Arn., bryon., carb. v. (and raw), hyosc., nux v., oxal. acid, psorin.* (feels scalded), *rhus tox., secale.*
- — flabby.—*Mag. m.* (yellow).
- — hot.—*Arg. n., carb. v., mezer., phytol.*
- — large.—*Mag. m.* (flabby and yellow).
- — livid.—*Ailant.* (also edges), *sabad.* (rest white).
- — moist.—*Bryon.* (rest dry).
- — numb.—*Acon., laches., phos.*
- — painful.—*Arg. n., calc. o.* (burning), *caust.* (burning), *silicea* (in spots), *zinc* (shooting, with pytalism and metallic taste).
- — papillæ raised.—*Ars.*
- — pimples.—*Caps.* (stinging), *hell., nat. c., sepia.*
- — pointed.—*Secale.*
- — raw.—*Carb. v.* (feels raw : *Lycop., kali b., phos.*).
- — red.—*Apis, arg. n., ars., bell.* (light), *cyclam.* (with burning blisters), *fluor. acid.* (and edges), *laches.* (brown centre), *nit. acid, phytol.* (fiery), *rhus tox.* (triangular), *sulph.* (also borders, rest white), *verat. a.* (and edges, rest white).
- — redder than usual.—*Stram.*
- — rough.—*Phytol.*
- — scalded, feels.—*Lycop., psorin., sang.*
- — shooting.—*Ran. s., sulph., zinc.* (painful).
- — smarting.—*Agar., baryt. c., physo., phytol., ran. s.*
- — sore.—*Æscul.* (as if ulcerated), *agar., calc. o., calc. phos., diosc.* (and brown, A.M.), *oxal. acid, physo.* (4 P.M.), *rhus tox., sabad., thuja* (to touch).
- — stinging.—*Phos.* (dry and white).
- — stitches.—*Acon.* (fine), *æscul., bryo., canth., china* (fine), *coni., eup. pur., glon., hell.* (on touch), *ign.* (fine), *merc. s., phos.* (fine), *phos. acid, sabad.* (pulsating), *verat. alb., zinc.*
- — tender.—*Phytol.*
- — tingling.—*Acon.*
- — ulcers, on.—*Cup. acet.* (yellow base), *dros.* (whitish), *lycop.* (flat, oval), *merc.* (pale), *plumb.* (dirty looking).
- — vesicles.—*Apis* (stinging), *baryt. c.* (burning), *bryon., carb. a.* (burning), *caust.* (painful), *graph.* (burning), *lycop.*



## TONGUE, TIP:

- (feeling scalded and raw), *mur. acid* (burning, also red),  
*rhus v.* (white).
- white.—*Arg. n.* (A.M.), *canth.*, *phos.*, *verat. v.* (A.M.).
- yellow.—*Mag. m.* (large, flabby).
- tough mucus on.—*Phos. acid.*
- trembling.—*Absinth.*, *actea r.*, *acon.*, *agaric.*, *aloes*, *bell.*, *camph.*,  
*canth.*, *cup. ars.*, *gels.* (can hardly put tongue out), *hell.*, *hyosc.*,  
*laches.* (when protruded), *lycop.*, *merc.* (when protruded), *opi.*,  
*plumb.*, *secale*, *stram.*, *tarax.*
- tremor.—*Bell.*
- tubercles.—*Lycop.*
- twitching.—*Absinth.*, *glon.*, *secale*, *sulph.*
- ulcerated.—*Apis*, *aur. m.*, *bapt.*, *benz. acid*, *merc. s.*, *nit. acid*  
(with tough, ropy mucus).
- ulcers.—*Aloes* (yellow), *caps.* (flat, sensitive, spreading, with  
lardaceous centre), *china* (burning), *graph.* (painful in under  
surface), *kali bich.* (syphilitic, deep and stinging), *lycop.* (on  
and under), *merc.* (shallow), *merc. j. f.* (scattered on margin;  
with red edges and ashy-gray centre), *mur. acid* (deep, with  
black bases), *nat. m.* (smarting and burning), *nit. acid* (on  
edges), *opium*, *phytol.* (small, mercurial), *plumb.* (dirty-look-  
ing on tip), *psorin.* (deep), *silicea* (on right border, eating into  
it, and discharging much pus). (See "covered with ulcers.")
- uncontrollable.—*Æscul. h.* (cannot form words rightly).
- unctuous.—*Opium.* (See "greasy.")
- velvety.—*Colch.*, *merc. j. fl.*, *nux m.*
- vermilion.—*Sulph.* (and cracked).
- vesicles.—*Acon.* (burning), *amm. c.*, *apis* (covered with), *ars.*  
(burning or painful), *baryt. c.* (under), *canth.* (at base), *carbo*  
*ani.* (burning), *castor.*, *cham.*, *graph.* (burning, on lower sur-  
face and tip), *ham.* (sides), *hell.* (full of), *kali carb.* (covered  
with), *laches.*, *lycop.* (burning), *mang. acet.* (left side, burn-  
ing), *mez.* (burning), *mur. acid* (also ulcers), *nat. m.* (smarting  
and burning when touched by food), *nit. acid*, *rhus tox.*, *rhus*  
*v.* (white, and in under surface), *sabad.*, *sepia*, *spig.* (burn-  
ing), *spong.* (with burning and stinging pains), *thuja* (white,  
or burning), *zincum* (covered with). (See "covered with"  
and "tip" and "sides"—"vesicles.")
- warmth.—*Secale* (slight, but unpleasant during the day).
- wasting away.—*Mur. acid.*

## TONGUE:

- weakness, paralytic.—*Bell.*
- white.—*Acon.*, *æscul. h.*, *agar.* (A.M.), *ailant.* (thick), *alum* (with normal taste), *ant. c.* (thick), *ant. t.* (thick or thin), *apis*, *arg. n.*, *arn.*, *ars.* (as if painted white), *bapt.* (early), *bism.* (P.M.), *bryon.*, *calc. o.*, *calc. phos.* (A.M.), *carb. v.*, *caust.* (on both sides), *canth.*, *cham.* (at the sides, red centre, or white with islands), *chel.*, *china*, *coloc.*, *cup.*, *dig.* (A.M.), *diose.*, *dulc.*, *ferrum*, *graph.*, *ham.*, *hell.* (on rising), *hydras.*, *hyosc.*, *hyp.*, *hydroc. acid* (then dark and foul), *ipee.*, *kali bich.*, *kali brom.*, *kali carb.*, *kobalt.*, *laches.*, *lauroc.* (and dry), *lycop.*, *mag. m.* (A.M.), *merc. c.* (swollen, and stiff, or contracted), *mezer.* (thick, with red papillæ), *nat. m.*, *nit. acid* (dry, A.M.), *nux m.*, *nux v.* (thick), *oleand.* (dirty, or rough, with raised papillæ), *opi.*, *oxal. acid* (nausea, thirst and loss of taste), *paris* (rough), *petrol.*, *phos.* (dry, with stinging tip), *podol.* (moist), *psorin.*, *ptelea*, *puls.* (A.M.), *rhys tox.* (often, on one side), *rumex*, *sabad.* (tip bluish), *sang.*, *secale*, *sep.*, *stram.*, *sulph.* (also with red tip and borders, or during diarrhœa), *tarax.* (cleans off in patches, leaving dark-red, tender, very sensitive spots), *thuja* (without thirst), *verat. alb.* (red tip and edges), *verat. v.* (See “centre,” “tip,” etc.)
- — milky.—*Ant. c.*, *arn.*, *ars.*, *bryo.*, *glon.* (no coating), *nux v.*, *sepia.*
- — washed, as if.—*Ant. c.*, *ars.*
- whitish.—*Cina*, *fluor. acid*, *merc. j. fl.*, *stram.* (with fine red dots).
- — yellow.—*Acon.*, *aloes*, *ars.*, *cycla.*, *kali b.*
- withered.—*Verat. alb.*
- woody.—*Rhus tox.*
- wrinkled.—*Calc. phos.* (A.M.), *phos.*, *sulph. acid.*
- yellow.—*Acon.*, *æscul.*, *agar.*, *aloes*, *ant. c.*, *ant. t.* (A.M.), *arn.* (dry), *bapt.*, *bell.*, *chel.* (thick), *chin. s.* (at root), *china*, *coloc.*, *crotal. h.*, *eup. perf.*, *gels.*, *hydras.* (a stripe), *hyosc.*, *hyper.* (foul), *ipee.*, *kali bich.* (thick; edges red; ulcerated), *lycop.*, *merc. s.* (dirty), *merc. jod. flav.* (at back part; tip and edges red), *nat. ars.*, *nit. acid*, *nux v.* (thick), *opi.* (dirty), *phytol.* (dry), *plumb.*, *podoph.* (dry), *psorin.*, *ptelea*, *puls.*, *sabad.* (thick, sore), *stan.*, *spig.*, *sulph.*, *thuja*, *verat. v.* (with red streak down the middle). (See “base,” “centre,” “edges,” “root,” “tip.”)



## TONGUE:

- yellowish.—*Cham., cup., nux m., phos., rhus t.*  
 — — brown.—*Bapt. (centre; late), cina, phos., ptelea (dry),  
 rumex.*  
 — — greenish.—*Calc. ost.*  
 — — white.—*Acon., aloes, ars., cycla., diosc., gels., kali b., secale*  
 (dry, thick, tenacious coating).
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## AN UNUSUAL CASE OF APHONIA; FARADISM; CURE.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

MRS. M., aged 43 years, applied at my office for treatment on May 9th, 1888. She was unable to speak above a feeble whisper. The history she gave of her trouble was that on awaking on the morning of May 5th, she found her voice in the condition it was at the time she presented herself to me for treatment. She had no cough; she could assign no cause for the trouble. Otherwise she was perfectly well. She had been one of my regular patients for two or three years, during which time she had had several attacks of aphonia, none of which were of less than a week in duration, and all of which disappeared gradually. A laryngoscopic examination showed the vocal cords to move normally during attempts at phonation. The patient could articulate simple vowel sounds as clearly as she ever could. She could also enunciate single syllables in a reasonably loud tone of voice, but as soon as she attempted to engage in conversation, she returned to the whispering tone. Faradism was selected as the means most likely to cure the case. The electrodes used were round discs of one and a half inches in diameter covered with absorbent cotton, saturated with warm water. These were placed on each side of the neck and opposite to the upper border of the larynx. The strength of the current was gradually increased until the patient could stand it no stronger. At the end of two minutes I engaged the patient in conversation and her voice had resumed its normal strength. It is now three months since the above incident occurred, and the patient remains well.

The nature of the above case is to me obscure. Was the patient a malingerer? I doubt it, for she had no reason for simulation of disease. Was the cure effected by a mental impression?

There was certainly no paralysis of the laryngeal muscles, for the vocal bands moved normally during simple attempts at phonation.

Voice was only lost during attempts at speaking combinations of words and sentences, in other words only when the organ of vocalization was compelled to perform its functions in harmony with the organ of speech.

I would offer the following theory to explain the case: It is a well-known fact that loss of sensation in the feet or of the muscular sense, interferes with walking, producing ataxia though motor power be unimpaired. Why could not an analogous condition exist in the throat? An hysterical muscular anæsthesia of these parts might give rise to unharmonious action between the laryngeal and lingual muscles when complicated movements like those necessary to prolonged conversation were called for. When a simple sound as "ah," "bah," "boy" or "cow" was attempted, she could speak clearly. When, however, the tongue made the movements for conversation, the vocal cords could not act in harmony with it, and aphonia resulted. The sudden cure of the case is in keeping with this theory. Faradism is a wonderful remedy in hysterical anæsthesia. It is probably that by reason of this power, that it restored voice in the above case.

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#### ONE DAY'S OPERATIONS AT MOORFIELDS.

BY HORACE F. IVINS, M.D., PHILADELPHIA.

THE first series of operations was performed by Mr. Tweedy, the scientific surgeon of the "Royal London Ophthalmic Hospital."

CASE I.—That of a man, nearly sixty years of age, who was very pale, anæmic, and poorly nourished,—not a favorable subject for a cataract extraction. A two per cent. solution of cocaine was frequently instilled into the left eye before the patient was brought into the room. The lids and surrounding parts were thoroughly washed with a very weak bichloride of mercury solution, after which the conjunctiva was flooded with a boric-acid solution. A stop speculum was introduced, and a narrow Von Græfe's knife held in the left hand, made the incision; the middle finger of the right hand was placed against the nasal side of the globe to steady it. This was the only fixation used. The incision completed, the Von Græfe knife was used to cut the capsule near its upper margin, after which a shell curette was taken in the left hand, and placed on the lower sclero-corneal margin. In the right hand was held an ordinary metal cataract curette placed over the sclerotic above, just back of the incision; the assistant was asked to raise the speculum from the globe, in order that no undue pressure should be exerted.



When but slight alternate pressure of the shell and metal instruments had been made, a bead of fluid vitreous presented, the lens not having started; the pressure was continued very gently, in the hope of presenting the lens, and so preventing the loss of the vitreous; in this Mr. Tweedy was not successful, and a still larger bead of the humor appeared when the pressure was removed.

The next procedure was the introduction of the metal curette into the eye back of the upper portion of the lens; with this the lens was lifted out easily. This accomplished, the beads of vitreous—by this time quite numerous—were cut off, and the line of incision made clear.

Over the closed lids a small amount of iodoform was dusted, and a narrow strip of aseptic protective was placed along the upper lid-margin, partially covering the lashes, to prevent the lids from becoming glued to the dressings, thus insuring freer drainage from the eye. Next in order, came a layer of iodoform gauze, followed by cotton padding, and lastly the bandage. This case did well, almost no congestion resulted, and no pain ensued.

If no inconvenience is felt by the patient, this dressing need not be removed for two days or more, but it is usually renewed every twenty-four hours.

CASE II.—A young girl, who received a cut through the right cornea, had a broad anterior synechia, which it was thought best to remove. Cocaine was used, and a moderate sized keratome introduced in such a manner as to cut most of the iris from the cornea. The iris was next grasped and pulled upon, and, although the adhesion was removed, the iris had so degenerated as to tear off in a small piece. A number of such pieces were removed before the coloboma was complete. The eye was dressed with the ordinary dry dressing of cotton and bandage. The coloboma was very imperfect after two weeks, but the vision was better.

CASE III.—Enucleation of the right eye, in the case of a young girl, for atrophy of the ball, the result of injury. Mr. Tweedy does not, as yet, sanction the operation of evisceration. Chloroform was used as an anæsthetic. No untoward symptoms followed.

CASE IV.—Woman, aged sixty-five years (?), fell from a chair, five weeks ago, and struck the right eye on the corner of the mantel-piece in such a way as to rupture the globe in the upper ciliary region. Although the inflammation had entirely subsided, it was quite evident that it was much safer to excise a useless eye, particularly as the wound had resulted in a sunken cicatrix in the ciliary region;

therefore, to insure against sympathetic ophthalmia, chloroform, and later, ether, were given. While under the influence of these, the eye was removed, the nerve being cut far back. The other eye was perfect, ten days later.

CASE V.—Lachrymal abscess in a child, eighteen months old. Chloroform was administered. A Beer's knife made a free incision into the abscess, and a curette was used to thoroughly scrape the sac, which was later packed with lint. The duct was slit, and a small-sized probe passed into the nose. Seven days later, it was necessary to cut away part of the superficial structure, in order to establish the healing process.

The second series of operations was performed by Mr. Lawson.

CASE I.—Young woman, aged twenty-five years. This patient was always myopic, but, with that exception, had good vision until two and a half years ago, when a defect arose, which was diagnosed "retinal detachment, with diminished tension," that in the right being — 2, and in the left —  $1\frac{1}{2}$ .

She had mere light perception with the right eye, the left giving her good light perception.

While under the influence of cocaine, an iridectomy was performed, immediately followed by the extraction of a rather soft lens. The incision was made with a Von Græfe knife without fixation. The capsule was lacerated with the end of a sharpened probe-like instrument. When the attempt was made to deliver the lens, the patient contracted the lids so much, that the speculum was removed, and the lens easily extracted without its presence. With the lens, was forced out a piece of iris; this was grasped and cut off. The ordinary dry dressing and bandage were applied.

All that was hoped for in this case, was a slight improvement in her vision, and, as Mr. Lawson said, "If she has good light perception with the opaque lens in position, she certainly should have as much without it, and perhaps more." Subsequently, slight hæmorrhages occurred in the anterior chamber. Although the eye recovered perfectly from the operation, and with a black pupil, the vision seemed unchanged, owing to intra-ocular disturbance.

CASE II.—Man, aged sixty. Cataract extraction without fixation. No complication. Result good.

CASE III.—Old lachrymal stricture, in which styles have been used. Mr. Lawson selected two vulcanite styles (about No. 6 in size), with curved necks and good sized heads. These he dipped in cocaine ointment, gr. j to  $\mathfrak{z}$ j, for a double purpose, viz.: First, for



lubrication, and, second, for the prevention of the aching which so often follows the introduction of the probes and styles. These styles are allowed to remain in position for twenty-four to forty-eight hours, then removed, and reinserted about a week later.

CASE IV.—Woman, aged fifty. The puncta were so minute that it was necessary to pass a sharp-pointed and very small grooved director, as the Bowman knife would not enter. It was with some effort that this probe was pushed to the vertical canal, when a Beer's knife was slipped along the groove; the Bowman knife was then forced into the nasal duct; after which probes were passed until, finally, a No. 7 vulcanite style was inserted.

Mr. Lawson recommends the use of the style in cases "where the stricture is at the junction of the canaliculus and sac." He much prefers the vulcanite to the metal styles.

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## TRANSLATIONS.

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### THE EPIDEMIC MODE OF CURE IN RELATION TO HOMŒOPATHY.

BY DR. LEESER, IN RHEYDT.

Translated from the *Allgemeine Homöopathische Zeitung*, by S. Lilienthal, M.D.,  
San Francisco, Cal.

GRAUVOGL, in his *Text book of Homœopathy*, § 193, relates the beautiful action of aconite in an epidemic of measles. Though he witnessed excellent effects from that drug during the course of the disease itself, his treatment failed to benefit the sequelæ which followed in neglected or badly treated cases, till Dr. Latz discovered that the sequelæ also yielded to that drug which corresponded to the *genius epidemicus* of the disease. This led him to the application of aconite to all the sequelæ of the measles of that year. Aconite, then, was not only the organ-remedy in the sense of Rademacher, a real epidemic remedy, but also the similimum according to Hahnemann, as the symptoms of the disease corresponded fully with the symptoms laid down in the materia medica. Grauvogl continues, § 197: A homœopath may not admit the necessity of such an etiological indication, but how often are the accompanying circumstances not clearly enough expressed so that others will also fail to use aconite for these sequelæ. We have to acknowledge that, though the law is all right, the provings of our remedies leave much to be desired; we often need a characteristic hint which may be found in etiological indications and thus comes in close connec-

tion with natural laws. Rademacher was the first to call attention to it, and many a cure resulted from the application of this principle, but his teachings were imperfect and Grauvogl believes that they can only be perfected by being amalgamated with homœopathy, especially as Hahnemann already taught in every case to study well the accompanying symptoms.

The school of Rademacher looks empirically for a drug which suits a case at a certain time, and then applies that drug to all cases happening at that time, supposing that when a drug cures the case produced by the *genius epidemicus*, it must also cure all other cases produced by the same *genius epidemicus*, though such cases may appear in many different forms. Inductive at first, it acts only secondarily deductive, generalizing at first and then individualizing. Homœopathy, on the contrary, individualizes from the start in every case without considering similar cases, whereas, Rademacher looks for something which is simultaneously found in all cases. To the latter etiology gives the basis for his treatment without studying the alternate action of the drug to the morbid agent in every case. The homœopathic physician compares in every case the symptoms of the diseased state with corresponding symptoms of a drug as laid down in his materia medica. Both have the same end in view, *i.e.*, to find the simile, and when we acknowledge that the study of the accompanying circumstances means only the study of the *genius epidemicus*, the result will finally lead to the union of the teachings of Hahnemann and of Rademacher. One method supplies what is wanting in the other and controls it, in fact a kind of double book-keeping so that no error can creep in. The study of the *genius epidemicus* is the guide to lead us through the dense forest of symptoms, and any one who has worked for some years with epidemic remedies is convinced of the law of an epidemic genius and of its beneficial application in practice, for it is principally the morbid agent in all diseases, even in the so-called miasmatic and contagious diseases.

We consider as the *genius epidemicus*, the atmospheric and telluric influences ruling at a certain period, simultaneously influencing all living organisms. The electrical state of the air is probably here the great factor; we only know that this so-called *genius epidemicus*, by its action on the nervous system, predisposes the organism to become susceptible to *noxæ*, and reacts upon them in a certain manner. Those internal or external *noxæ*, as emotions, over-exertion, colds, trauma, miasma, etc., are often considered as



the cause of the disease, whereas, in reality, they are only accidents which produce a complex of symptoms in a person predisposed to take on disease through the disposition acquired from the *genius epidemicus*, which alters at first a certain part of the trophic nervous system, and thus puts in a state of irritation the organs supplied by these nerves. This state of irritation of the respective organs is what we understand as their disposition to take on disease. As soon as any *noxa* is added to this disposition, the former causes the development of the disease; the original irritation of the organ, which might have retrograded if no noxious influence had set in, passes now into a stronger state of irritation, into an inflammation and its consequences. Suppose we have a lachesis epidemic, *i.e.*, an epidemic in which lachesis is mostly indicated, we meet among other symptoms the left tonsil mostly irritated. If any person at that time catches cold, that left tonsil is more liable to inflammation, be that inflammation catarrhal, traumatic or diphtheritic. Only the morbid disposition originating in the *genius epidemicus* allows the settlement of the micrococci in that left tonsil, and lachesis will at that time be the indicated remedy, whatever the *noxa* which caused it might have been. In other words, *the genius epidemicus produces in a sound organism an action similar to a certain remedy, and that remedy which in the prover produces similar symptoms to the genius epidemicus will be the so-called epidemic remedy, curing, according to the law of similarity, all diseases produced by the genius epidemicus.* Such a drug is, then, not only the simile, but the similimum for all diseases at that period. Every careful observer has witnessed that diseases during a certain period show, with only a few exceptions, a certain connection, and that some symptoms are found as belonging to nearly all cases, and that such symptoms are characteristics for the selection of the drug. Thus, Grauvogl (l. c. § 288) teaches: There is, *e.g.*, a croup where, at the same time with the affection of the larynx and trachea in children, other persons complain of spasmodic affections, asthma spasmodicum, pertussis, chorea, cholera, etc.; another croup of children when other persons suffer from intermittens larvata, from prosopalgia or other neuralgiæ; another croup when parasitiæ, anginae, erysipelalous diseases, urticaria, etc., prevail; and we find that, according to this *genius epidemicus*, in the first case cuprum, in the second, ipecacuanha, iodine or bromine, in the third, hepar will cure the croup and all other diseases. One year drosera may cure every case of whooping-cough and fail in the next year when

the symptoms of the epidemic genius will be far better covered by cinchona or arsenicum.

Only that physician, who closely observes the symptoms belonging at one period to nearly every morbid affection, will be able to select the similimum; while he who only covers symptoms without considering their simultaneous connection with other cases, or in other words, who individualizes exclusively, may find a simile, he will hardly ever select the similimum. Of similia we may find several for every case, but there can be only one similimum. When we prescribe only a simile for a case we see only a portion of the symptoms disappear; another portion remains unaffected so that we will be forced to follow it with a second or third simile. Only when we have found the similimum do all symptoms disappear as if by magic. The simile is in reality only a symptomaticum, inasmuch as it only changes but does not remove the symptoms. Thus, a simile may remove a coryza, and *presto*, a conjunctivitis takes its place; it removes a chronic toothache, and is followed by gastralgia; it removes an intercostal neuralgia and a migraine ensues. The similimum, on the contrary, extinguishes the whole symptom-complex and there is nothing left to follow. It reflects the morbid process upon all excretory organs, especially upon the skin, mucous membranes and kidneys, and thus we observe after giving the similimum in acute as well as in chronic diseases, critical sweats, large urinary sediments, diarrhœa, increased secretion from nose and bronchi, salivation, cutaneous eruptions, furuncles and carbuncles, manifestations which we see only rarely and slightly after the use of a simile. The similimum acts with far more energy than the simile, accelerating more rapidly the tissue-change, removing more rapidly the impurities from the body and thus restoring health. The similimum imparts warmth to the body and the pulse rises. In acute cases we often witness after the first dose of a similimum, an increased restlessness, a more rapid pulse and rise in temperature; sweat then breaks out and all febrile symptoms are reduced, in fact we witness at first the so-called homœopathic aggravation, especially in sensitive persons. When a patient, suffering from an acute affection, does not perspire in bed when well covered up, we may as well acknowledge that we did not give the similimum. Perspiration continues till the disease is extinguished, though perspiration may cease sooner and then another remedy will be indicated, for the symptoms have undergone a change.

(To be Continued.)



## PROCEEDINGS OF SOCIETIES.

## WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

THE regular quarterly meeting of this Society was held on August 15th, at the Camden Homœopathic Hospital.

Two new members were elected, L. L. Sharp, M.D., of Palmyra, and W. Dod Bayley, of Burlington. Dr. G. W. H. Calver, of Columbus, N. J., introduced a discussion on the prompt removal of the placenta by reading extracts from recent discussions in the medical journals. The speaker did not believe in the necessity for immediate action, as had been recommended by some, and would not introduce his hand into the uterus for the removal of the placenta without it was absolutely necessary. He extracts by gentle traction on the cord with one hand and gentle manipulation of the abdomen over the fundus uteri with the other. He seldom used ergot.

DR. I. C. COOPER, of Trenton, was never in any hurry to deliver the placenta. He had never seen the case yet where he could not wait. He always directs the patient to blow in her closed fist, and never has known it to fail to dislodge the placenta. He believes in perfect rest, and never kneads or rubs the fundus. He always applies the binder before the child is delivered, pinning it from above downward, but after the labor is over reapplies it, pinning this time from below upwards. He does not believe in the use of the binder as a help to the form, but only as a temporary support. He never uses ergot. In answer to a question by Dr. Hinson he replied that he did not use ergotine, that he never uses a hypodermic syringe, but believes in giving his medicines by the mouth.

DR. E. M. HOWARD did not believe that any rule can be laid down to cover all cases. Each case must be treated according to its peculiar conditions. As a rule he delivered immediately, and never left the bedside till the placenta was away. He did not hesitate to introduce the hand inside the uterus in case of retained or adherent placenta. It was his practice never to tie the placental end of the cord; he believed that the bleeding that thus takes place favors the separation of the placenta from the uterus. He never used ergot except in emergency, such as post-partum hemorrhages, etc.

DR. HINSON mentioned a case of hour-glass contraction retaining the placenta, which was promptly relieved by *secale 2x*.

DR. W. DOD BAILEY spoke of the caution he had received from

Prof. Mitchell never to introduce the hand into the uterus except from the direst necessity, and then only under the strictest antiseptic precautions.

DR. E. R. TULLIS used ergot to force the child, and not the placenta. He delivers the placenta immediately; if delayed, he has the attendant lift the abdomen, and the patient blow in the hand.

DR. GEORGE R. FORTINER said that he was never in any hurry to deliver the placenta. He allows the child to get the blood supply as long as possible. He does not make traction on the cord for fear of inversion; he introduces his hand only when the placenta is adherent, and uses *actea rac.* to produce contractions for its expulsion.

DR. I. C. COOPER did not believe in the good effects of bleeding from the cord. He seldom sees it bleed. He always carries two pairs of scissors in his obstetrical bag. He did not think it necessary to tie the cord at all. He uses his forceps instead of ergot. He spoke of the German way of putting up the child on a sort of bolster, in which it was wrapped without washing, and endorsed it.

DR. S. B. SMITH read the report of an interesting case of fracture of the skull admitted to the Camden Hospital. The man, a sailor, had fallen down a hatchway head first. There was evidently severe compression and, in the absence of any symptoms for localization or signs of fracture, Dr. Van Lennep freely incised the scalp in the region of two bruises. The coronal suture looked rather dark and congested throughout its whole extent, but no fracture could be found. At the autopsy a slight separation of the suture was found and a small splinter of the internal plate which had torn the dura, wounded one of the meningeal branches and some vessels of the pia, producing hemorrhage and compression.

DR. GEORGE R. FORTINER then read a paper on "Sanitary House-drainage, and the Pollution of the Water Supply." This led to some exchange of views regarding the necessity that something should be done to secure pure water to the city of Camden. G. D. W.

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## CORRESPONDENCE.

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### THE STATUS OF HOMŒOPATHY IN AUSTRIA AND VIENNA.

AUSTRIA was indebted to Dr. Vieth for the introduction of homœopathy. This gentleman, a medical priest, was a canon of St. Stephen Cathedral, Wien. Having investigated the system of medicine taught by Hahnemann, he commenced practicing at Vienna; in



1822, during an epidemic of cholera, his success was such as to bring him great popular renown and a corresponding amount of old-school hatred.

The opponents of Dr. Vieth were successful in having homœopathy prohibited in Vienna from 1825 to 1836. During this interval, when it became known that any one had the hardihood to practice the new system, his stock of medicine, books, instruments, etc., were seized, carted to the place of public execution of criminals and burnt in derision.

In 1836, during a terrible cholera epidemic, the Vienna authorities applied to the Gumpendörfer Spital in charge of the Sisters of Charity of St. Vincenz von Paul to relieve the overcrowded municipal hospitals by receiving cholera cases. The physician in charge, Dr. Fleischman, declined to accept cases unless allowed to treat them homœopathically. On receiving permission to proceed at his discretion, hundreds of cases were received and cared for with great success.

The receipt of the report of the Gumpendörfer Spital, after the epidemic by the civil authorities was acknowledged by an autograph letter from the Emperor Ferdinand, which, after thanking the hospital authorities and Dr. Fleischman, granted a decree freeing the homœopathic physicians from all persecution, and conferred upon them equal privileges with their old-school brethren. From that day to this the hospital situated on Gumpendörfer Strasse below Gefronner Gasse, has been in the charge of homœopathy, and thousands have received its benefits.

In 1848 the homœopaths were granted the additional right of dispensing their own medicine; a privilege not enjoyed by the allopaths to this day. All physicians, irrespective of school, are compelled to purchase their tinctures from Viennese pharmacists. In 1886 and 1887 an attempt was made by the old school physicians of the *Ober-sanitätsrath*—the Government's Board of Medical Council—to abridge this privilege. The attack was unsuccessful, owing to the brilliant defence of Dr. Kauber, the leader of the new school at Vienna. Most pharmacies of Vienna advertise to sell homœopathic preparations; it is simply a matter of gain on their part. Their preparations are not reliable.

When questions of a serious nature arise between allopaths and homœopaths, the Government has decreed that a commission shall be appointed, composed equally of homœopathic and allopathic phy-

sicians, whose duty it shall be to hear and decide the merits of the case, the Government confirming the decision.

At present there are 40 homœopathic physicians in Vienna, and 150 in the empire. All cities of any importance have disciples of the new faith.

The principle homœopathic society of Austria is that of "Der Verein der Homöopathischen Aertze Österreichs für Physiologische Arzneiprüfung," organized in 1845-48. At present it has 50 active members, and meets monthly on the first Friday night, in the Children's Homœopathic Hospital of Vienna. The annual meeting is held on the evening of Hahnemann's birthday.

The President of the society is the genial and accomplished Dr. Klauber, of I Dorotheer Gasse 2, Wien. The Secretary, Dr. Reiffler, is also a President of Wien. The late Dr. Zlatarovich—the life professor of pharmacology in the great University of Vienna—was for many years Secretary and afterwards President of this Society; he was celebrated in homœopathic circles for his accurate and exhaustive provings of drugs.

There is at present no college of homœopathy in Austria. The Government university at Budapesth, Hungary, has a chair of homœopathy, which is most ably filled by Prof. von Bakody; his lectures attract many students from outside the empire. It is claimed that the gist of the recent articles of Prof. Schultz, of Greifswald, in Virchow's *Archives* were copied verbatim from the writings of Prof. v. Bakody. The proofs are to be found in the recent number of the *Berlin Homœopathic Journal*. The present Austrian homœopathic physician receives his education as follows: At the age of 11 years or over, he enters the gymnasium where he spends eight years in a preparatory course; he is then promoted to the medical course, and at the end of six years, if successful with his examinations, he is granted the degree of M.D. He then pursues his studies in the hospital for two or five years, and afterwards proceeds to Budapesth, Paris, London, and sometimes America for his finish in homœopathy.

Austria has at present the following homœopathic hospitals: One each at Linz, 40 beds; Steyr, 60 beds; Kremsier, 24 beds; Zwittau, 16 beds; Baden-bei-Wien, 40 beds, and until recently, the homœopaths had charge of the hospital at Sechshaus, 300 beds. The loss of control of this hospital was attributed to the mayor of the city, an allopathic chemist, who found that the supremacy of the homœopaths



seriously interfered with the sale of his drugs. The homœopaths have not yet regained the management of this hospital. The city of Vienna has 3 hospitals: 1st., the Gumpendörfer Hospital, 80 beds; 2d., the Childrens' Homœopathic Hospital, 40 beds; 3d., the Leopoldstadt Hospital, 40 beds. The hospitals are all in charge of the Sisters of Charity of St. Vincenz von Paul.

The Gumpendörfer and Childrens' Hospitals are situated close together, being separated by an attractively laid out garden, some 300 or 400 feet in depth. The buildings at either end are in the modern Viennese style, three stories high, with large, well-ventilated wards, handsomely decorated and scrupulously clean. The buildings and grounds belong to the family domains of the Archduke Maximilian.

The Childrens' Hospital was established in 1878 with an endowment of 200,000 gulden, left by the late Dr. Taubes. The tablet over the entrance bears the following inscription:

DR. JOH. TAUBES VON LEBENSWARTH,  
HOMŒOPATH KINDER SPITAL.  
1878.

The Leopoldstadt Hospital is situated in an ancient Carmelite monastery, and is considered to be the best ventilated hospital in Vienna. This hospital receives special recognition from the government in the form of an annual appropriation of about 1000 gl.

There is a dispensary or ambulatorium attached to each hospital, at which, according to the last yearly report, there were treated the following number of patients: 1. Gumpendörfer Hospital, 3915; 2. Childrens' Hospital, 4439; 3. Leopoldstadt Hospital, 850; total number of cases, 9204.

In Vienna the two schools of medicine are in greater harmony than in English-speaking nations. Professors Billroth, Bamberger, and others of the Allgemeine Krankenhaus have frequently been in consultation at the Gumpendörfer and Kinder hospitals; and in private cases the physicians of the two schools extend to each other the courtesy of consultation. The military service contains many physicians who are staunch homœopathists; some of them are of special renown, as Dr. Heimesch.

In Vienna, homœopathy is the favorite system of medicine in aristocratic circles; in fact, its patrons include nearly the entire aristocracy, the Archdukes, the Princes Lichtenstein, Esterhazy and Carroli, Count Harrach, and many others.

W. W. VAN BAUN.

VIENNA, July 18th, 1888.

## EDITORIAL DEPARTMENT.

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All communications to this journal must be contributed to it exclusively. The editors rely on all contributors conforming strictly to this rule. Rejected manuscript will be returned to the author.

Reprints or copies of the journal containing their article will be gladly furnished writers if a request for the same is sent with the manuscript.

The editors are responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors. No discourteous or anonymous communications will be recognized.

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### PYREXIA AND THE ANTIPYRETICS.

No subject occupies more fully the attention of allopathic therapeutists of to-day than does the value of the so-called antipyretics in the treatment of disease. One class of observers find in them a most important addition to the physician's armamentarium, regarding them as true curative agents, possessing the power of not only relieving, but also of shortening the course of the disease for which they are given. Another class, less fortunate in their results or possibly more skeptical in their minds, see in the antipyretics, drugs capable only of masking certain symptoms in given cases, while, in no respect, do they shorten the duration of the disease a single day or lessen its mortality as much as a fractional part of 1 per cent. Why these differences of opinion on a matter of such paramount importance? Are not equally able and eminent men arrayed on either side as friends or foes to the antipyretics? We think the explanation here is found, as elsewhere: what the allopathic mind cannot fathom, the humblest homœopath can explain by the aid of his fundamental law, "*similia similibus curantur*," and a careful individualization of cases.

Papers bearing on the subject of antipyretics, are by no means uncommon in the medical journals of the day. Hardly a magazine reaches our table that contains no reference to one of these drugs. A most interesting review of the antipyretics and fever, we find in a paper by Dr. William H. Porter,\* and bearing the title "The Ætiology and Pathology of Increased Bodily Heat in Relation to Disease, and the Use of Antipyretics." The author is a prominent physician and teacher of New York city, whose studies of syphilitic

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\* *Medical Record*, July 28, 1888.



lung-disease and other subjects have obtained for him a well-deserved reputation. Dr. Porter properly says that too much importance has been attached to the high temperature, *per se*, and too little to the physiological disturbances accompanying it.

As is well-known, animal heat is the result of the molecular friction of the microscopic elements of the body, and of the transformation of the chemical elements of the food into more stable products having little or no energy. By means of the skin and other excretory organs, the economy is enabled to maintain the body-temperature at a normal standard of 98.5° F. An increase of the temperature to higher than this standard we may attribute, according to our author, to one of two causes:

First, to an increase in the molecular friction of the body without a disturbance of the chemico-physiological processes, and one in which the body nutrition is still maintained at the normal standard.

The second form of increased body-heat is due to a disturbance of the chemico-physiological processes, with a decrease in the nutritive activity of the protoplasmic elements of the body; this change in nutrition being primarily most marked in the liver, kidneys, heart, and visceral organs, until finally, every tissue in the body becomes impaired. . . . In this light the increased body-heat, as recorded by the thermometer, is only a symptom, pointing in the one case to an increased molecular friction and storage of heat without impairment of nutrition. In the other, to a grave disturbance of the chemico-physiological processes, with marked impairment of nutrition, increased storage and increased radiation of heat, and associated with extensive retrograde changes in the body, which are most marked in the visceral organs.

Dr. Porter then proceeds to adduce clinical and pathological evidence to show that, in acute and infectious diseases characterized by elevation of temperature, there is something introduced into the system which disturbs the functional activity of the liver.

Further than this, careful pathological study and microscopic examination of the protoplasm of the liver-cells in all cases of disease in which an increased temperature was a marked clinical feature, has shown a granular and fatty metamorphosis, and argues strongly against the purely functional view, and supports an organic change as the cause of the disturbed biliary secretion. Following the retrograde changes in the liver, the kidneys, heart, and various organs of the body undergo a similar granular metamorphosis, either in the order of their physiological importance or their nutritive condition at the time of the attack.

Thus general nutrition is imperfect. Large quantities of effete materials that should be eliminated, are retained. These, together with the original poison, cause an increased production and storage of heat with a decreased excretion of the same, and explain the high temperature.

In studying the various remedies that have been recommended from time to time as possessing marked antipyretic powers, Dr.

Porter begins with quinine. Notwithstanding the high favor in which this drug is held by the average allopathic practitioner, he believes it to be utterly destitute of antipyretic powers, except in cases of malarial pyrexia. In those cases of typhoid fever in which it has succeeded in reducing the temperature, it has done so because of the existence of a malarial element in the case.

He next considers the antipyretics proper. In this group he takes up antipyrine, antifebrine, kearnine, resorcine, etc., as a class.

Experimental study shows that in large doses they produce a rapid and marked parenchymatous metamorphosis of the liver and kidneys which is followed by albumin and casts in the urine. They are also thought to have a direct depressing effect upon the medullary and spinal centres. This being true, is not their antipyretic action due to their causing a further increase in the functional and organic metamorphosis of the protoplasmic elements of the body, which disturbs still more the physiological processes of the liver, kidneys, and excretory organs, and thus causes a greater accumulation of effete and toxic matter in the blood, until the accumulation becomes so large that a state of general depression is produced, which throws the system into a condition strongly simulating that known as collapse, during which the temperature falls? As the system recovers from the shock, if it does, this large amount of waste material continues to increase the irritation and general disturbance to the system, and causes the temperature to rise to a higher degree than that attained prior to the administration of the drug.

Clinically, it has been frequently noted that the patient died suddenly from heart-failure after a dose from this group of remedies. Another very noticeable fact is the very high temperature that follows their administration, patients frequently dying with rapidly rising temperature, which almost invariably succeeds the fall produced by their action. Before the introduction of this group, death, with a temperature above  $105^{\circ}$  F., or  $107^{\circ}$  F., was a rare occurrence, while, since their introduction, death with the temperature rapidly rising to  $108^{\circ}$  F.,  $109^{\circ}$  F., or  $110^{\circ}$  F., and higher, is quite common.

Authorities are next quoted to show that the general action of antipyrine and other drugs of its class is in the same direction as the pathological substratum of febrile affections, and that these remedies in no respect benefit these cases.

Dr. Porter's paper, from which we have quoted so liberally, awakens a line of thought that may be presented to our readers with advantage. For a few years past these reports concerning antipyrine have been appearing in our journals. No one doubts its ability to reduce pyrexia. Some claim that, by its use they have been enabled to shorten the course of typhoid fever, and cured cases that would certainly have died but for the exhibition of the drug. Others, and by far the greater number, find no permanent good, but rather harm to come from it. We believe that homœopathy is able to reconcile these differences, or at least to explain them. From the analogy that Dr. Porter has drawn between the action of antipyrine



and its relatives, and the pathological changes in fevers, one can readily see that there must be cases of disease associated with rise of temperature, in which that remedy must be homœopathically indicated, in which case it must act as a curative agent. That cases cured by the antipyretics are not more frequently reported than they are, is doubtless due to the large doses used, these naturally producing a medicinal aggravation, which would not occur had the remedy been prescribed in potency. We would commend to our readers for their study and experimentation, these antipyretics. Evidence gleaned from many sources shows that they are drugs exerting a marked and deep influence on the organism. At present they are being used indiscriminately by allopaths, for every disease and any disease, without regard to method or reason. Unless they are rescued by homœopathy, they will shortly exist only as a chapter in medical history. Our school should take upon itself the duty of proving carefully the antipyretics in a systematic manner. Then will we be enabled to prescribe these drugs on a scientific basis. Should such be done, we predict for the antipyretics a brilliant future.

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## EDITORIAL NOTES.

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THE *Medical Age* has resurrected the following choice morsel concerning ether anæsthesia from the *Medical Examiner*, published in Philadelphia in 1846: "We should not consider it entitled to the least notice, but that we perceive, by the *Boston Medical and Surgical Journal*, that prominent members of the profession in that city have been caught in its meshes. We are persuaded that the surgeons of Philadelphia will not be seduced from the high professional path of duty into the quagmire of quackery by this will-o'-the-wisp. We cannot close these remarks without again expressing our deep mortification and regret that the eminent men who have so long adorned the profession in Boston should have consented for a moment to set so bad an example to their younger brethren, as we conceive them to have done in this instance. If such things are to be sanctioned by the profession, there is little need of reform conventions or any other efforts to elevate the professional character. Physicians and quacks will soon constitute one fraternity." If one had not been told to the contrary, he might have thought from the above that Boston allopaths had been investigating homœopathy.

EXOPHTHALMIC GOITRE comes within the province of numerous specialists. Its eye, throat, and cardiac disturbances lead specialists in diseases of those organs to claim it as their own, while its supposed origin in disease of the sympathetic nervous system and its frequent association with menstrual anomalies establish the respective claims for the neurologist and the irrepressible gynecologist.

THE AMERICAN MEDICAL ASSOCIATION has abolished the by-law which requires applicants for membership to sign the Code of Ethics of the Association. This is a mark of progress.

USUALLY there is very little desire for food during labor, but if it be protracted some nourishment should be given lest the patient become exhausted, any simple food sufficing, care being taken not to overload the stomach. The most grateful drink will be cold water, which can be taken freely; on the other hand, hot teas as well as alcoholic stimulants ought to be forbidden.—*College and Clinical Record*, August, 1888.

AMATEUR CHEMISTS should exercise care in their experiments. Quite recently one of these invented a marking-ink, with which he expected to make his fortune. To determine the possibility of its composition being detected and his secret revealed, he took some of it to a chemist for analysis. The so-called ink was found to consist of charcoal, glycerine, and nitric acid, a dangerous exploding compound, of the true nature of which its inventor had been in blissful ignorance.

A WRITER in the *Medical Age* recommends that, in cases of cramp in the leg, the sufferer wind a cord around the leg over the place cramped, and take an end in each hand and give it a sharp pull. Instantly the cramp will let up.

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## REVIEWS.

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A PRACTICAL TEXT-BOOK OF THE DISEASES OF WOMEN. By Arthur H. N. Lewers, M.D., M. R. C. P., London. Philadelphia: P. Blakiston, Son & Co. 1888. Pp. 400.

This little work is gotten up in convenient form. The bookmaker has done his part in binding, paper, type, and press-work, but, unfortunately, there is nothing in the contents that is new, and there is much that is unreliable. The preface is excellent; and it would be well for all students of medicine to follow its teachings. Chapters I. and II. are passably good; but we take exception to the exclusive use of Hegar's dilator as being the only instrument for rapid dilatation of the cervix, whereas, to men of larger experience in gynecology than the author, the Ellinger or some other similar dilator is greatly preferable.

We like his idea of the title "Bleeding," for the various sanious discharges from the uterus and vagina, as including menstruation, menorrhagia, metrorrhagia, active hemorrhage, etc. But in mentioning the various causes of bleeding he fails to mention erosions of the cervix.

In this treatise the works of American gynecologists are ignored, Dr. Mathews Duncan being almost the sole guide of the author. Many of his statements are entirely contrary to the teachings of specialists on this side of the water. For example, in his chapter on Dysmenorrhœa he claims that flexions are never a cause of painful menstruation. He states that ante flexion and ante version cause no symptoms and hence require no treatment! Also, that as long as the uterus is freely movable and not enlarged to any great extent, retroversions usually lead to no bad feelings, and flexions do not increase the symptoms. He further states that the treatment of a posteriorly displaced uterus, whether prolapsed, retroverted, or retroflexed, is the same, *i.e.*, the application of a watch-spring ring pessary, or, what is almost equally good, a Hodge pessary. The latter, he tells us, is to be placed with the small end up the vagina, and is to be made with copper wire covered with soft rubber. That in cervical endometritis the discharge, however profuse, causes no symptoms, and is never the cause of sterility, hence should not be treated unless the patient insists upon it; lacerations, also, cause no systemic disturbance, etc.!

With these and many other such statements it can hardly be supposed that this volume will fill an empty space on many bookshelves of the profession.



**A MANUAL OF THE MINOR GYNÆCOLOGICAL OPERATIONS.** By J. Hal-  
liday Croom, M.D. First American from the Second Edinburgh Edi-  
tion, Revised and Enlarged by Lewis S. McMurtry, A.M., M.D.

**LESIONS OF THE VAGINA AND PELVIC FLOOR ;** With Special Reference  
to Uterine and Vaginal Prolapse. With 83 Illustrations. By B. E.  
Hadra, M.D. Philadelphia : Records, McMullin & Co., Limited. 1888.

The former certainly fulfils its mission as a text-book for the student and a practical guide for the practitioner, especially the beginner in that class of gynæcological cases which he is daily called upon to treat. It is well written, the subdivisions under the several headings making it particularly convenient in referring to any desired subject. It is concise and decided in the indications for the various procedures, together with the contraindications and dangers attendant upon the same. We cannot sanction the English idea or preference for the lateral position in some of the manipulations ; but aside from this, little can be said except in its praise.

The latter work is not nearly so neatly and substantially bound, and contains a number of typographical errors.

The original part of the work is principally found in the division of the structures included in the pelvis, the theories of causation of some of the displacements of the pelvic organs, and a few operations recommended for their relief. The feasibility of some of these may be doubted, as at least one has been performed only on the cadaver, so the result cannot be stated. The bulk of the treatment, which must necessarily be surgical, comprises the methods of other operators, all of whom are given proper credit. This cannot be called a readable book, the treatment of lesions of such intimately associated parts as the "Pelvic Diaphragm," "Inferior Vagina and Perineal Septum," and "Perineal Layers" in different chapters rendering repetitions necessary, and making it somewhat confusing.

**A COMPEND OF HUMAN PHYSIOLOGY.** By A. P. Brubaker, A.M., M.D.  
Fourth Edition, Revised and Enlarged. Philadelphia : P. Blakiston,  
Son & Co. 1888.

This little book has been designed as an aid to medical students during their attendance upon lectures, and in reviewing the subject prior to examination. It presents, therefore, only the fundamental facts of physiology. It does this in a very pleasing manner.

**ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.** Edited by Charles E.  
Sajous, M.D., and Seventy Associate Editors. Five Volumes. Phila-  
delphia and London : F. A. Davis. 1888.

The object of the work under review is to present a complete resumé of the medical literature for 1887. This it does in five volumes. To render the "Annual" more complete, clinical data from countries in which no literature exists have been prepared and incorporated in the work. A special feature of the make-up is the mode of presenting the table of contents, which is, for ready reference, printed on the backs of the different volumes. The "Annual" will, as its name indicates, be issued regularly each year.

**THE APPLIED ANATOMY OF THE NERVOUS SYSTEM.** By Ambrose L.  
Ranney, A.M., M.D. Second Edition. New York : D. Appleton &  
Co. 1888.

The first edition of this work is so well known that an extended notice of this, the second edition, is uncalled for. Although but five years have elapsed since this book became a candidate for professional favor, the many new discoveries in neurological anatomy have demanded that in the prep-

aration of his second edition the author rewrite a large part of it. The reader must not expect Ranney's "Applied Anatomy of the Nervous System" to consist largely of original matter. The author's intention has been only to present to the profession a reliable guide of neurological anatomy and physiology. He has succeeded well in his object. A thorough knowledge of the contents of the book will greatly increase one's ability as a diagnostician of the diseases of the nervous system.

#### THE CYCLOPÆDIA OF DRUG PATHOGENESY. Vol. II. Part VIII.

The completion of the second volume of this great work is a matter for congratulation. It may be that the average practitioner of homœopathy will glance over its pages, express his admiration for the amount of patient and careful work that is therein represented, and then, failing to see how to make any use of it in daily practice, will toss it among his unread pamphlets never more to be consulted.

But it will not be so with the real student of *materia medica*, nor with him who is searching for truth, and is rejoiced in the progress of the science of medicine.

In this work there is presented, for the first time, a complete and intelligible picture of present knowledge regarding the positive effects of drugs. This is not a work valuable only to the believer in homœopathy. Whoever is an inquirer into the actual effects of drugs, of whatever school or belief, will find here and read with delight the sum of human knowledge regarding drug action in the year of our Lord 1888. It is not too much to expect that this work will be the basis of the *materia medica* of the future, not alone for our school, but for all students of medicinal effects. Here, at last, is something tangible, something positive, influenced by no theories, governed by no principles save only to discover the actual effects of drugs. Its material can be used by the eclectic, homœopath, allopath, or physiologist with equal facility.

How far the homœopathic prescriber is going to be able to use this work in daily practice, is a question that can only be settled when the promised index is at our command, but certain it is that he who once masters the drug effects, as displayed in this work, will possess all the knowledge that is at present possible, and, if he can remember it all, will have no need for a repertory at the bedside.

But it is to the student that this work will become most valuable. It not only shows us *what* is known, but, too often, how *little* is known, concerning many of our drugs. With this as a basis, studies may be pushed in various directions. For instance, the possibility of being able to separate the mechanical and chemical effects of drugs, is a question already demanding attention. It is, indeed, a vital one to the homœopathist. He must discover how much of the bowel-effect of such drugs as graphites, bismuth, etc., is purely mechanical, and hence can bear *no possible relation* to a homœopathic prescription.

The reader of this volume will be surprised at the paucity of symptoms under some drugs, such as *hepar sulph.* and *graphites*, as compared with the long list given under *gels.*, *hyos.*, etc., unless he bears in mind that this work does not include the provings of Hahnemann, which are to be found elsewhere, and whose symptoms will be included in the index.

It is a matter of some surprise that Dr. Hughes, who is so careful in all things to be absolutely correct, should still spell the names of the botanical orders (*Scrophulariaceæ*, *Zygophyllacæ*, etc.) in the old way, instead of the shortened form (*Scrophularinææ*, *Zygophylleæ*, etc.), as adopted by his own countrymen, Bentham and Hooker, in their "*Genera Plantarum*," the present highest botanical authority.

Errors of this nature, as well as typographical ones, are, however, immaterial, and do not detract from the value of a work, which is destined to be one of the classics of our school.



## GLEANINGS.

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### A Case of *Echinococcus* of the Heart.

Dr. Carneau publishes this interesting case: A laborer, of 39 years, had malaria in Senegal several years ago, and since then enjoyed good health. For the last two years he complains of dyspnœa and palpitations; never had any œdema. He admits abuse of alcohol. At the examination he complains of stitches in right side, severe cough with copious bloody-foamy sputa, severe dyspnœa and fever. Examination reveals a shorter sound at the base of the right lung, numerous subcrepitant rales; whistling and whizzing in both lungs; nowhere bronchial breathing. About two weeks later he is attacked by fits of extraordinary dyspnœa from the least motion. During the day, when the nurses attend him and he does not move, the dyspnœa nearly disappears, but during the night, when he is obliged to attend to his little wants, suffocation threatens from the least motion. Two weeks after his entrance into the hospital he complains for the first time of pain in the hepatic region; the liver is enlarged, but not knobby; the heart appears hypertrophied, and there is slight œdema of both feet; the auscultation of the heart reveals only normal relations. During a suffocative fit, the sounds of the heart are dull and cannot be distinguished; the pulse is rapid, filiform, intermittent. Carneau diagnosed polypoid growths which off and on come between the valves, thus preventing the flow of blood through the pulmonary veins; hence, pulmonary congestion and dyspnœa. During one of these attacks the patient died.

At the autopsy the base of the right lung was found greatly congested, and in the upper third of the left lung a cavity with indurated borders. Heart much hypertrophied, and in cutting into the left ventricle two echinococci sacs of the size of pigeon-eggs, having a smooth surface and showing no adhesions; in the base of the ventricle two fixed concretions which could not reach the valves; the liver large and the right lobe full of echinococci; spleen and kidneys normal.

The enlargement of the right lobe of the liver explains the dyspnœa which existed for two years, whereas, the fits of suffocation came from the freely oscillating hydatids. During absolute rest the cysts sank to the bottom, but during every motion they came between the valves, and thus caused the circulatory disturbances.

The early symptoms offer nothing characteristic: dyspnœa, cough, with serous, sometimes bloody expectoration. Sometimes pain in the liver is the first symptom complained of. Then follows dyspnœa, aggravated by every motion or change of position. During the fit the face turns cyanotic; the physical examination of the heart shows everything normal, or a hypertrophy, but the sound is unchanged. Such a regularly acting heart becomes at once quite irregular during the attack, the pulse small, and œdema may show itself. Cachexia rapidly develops itself and the patient succumbs to a fit or to marasmus. It must be noted that this sudden change in the action of the heart and the suffocative attacks are only found when the hydatids move freely about or are pedunculated, whereas echinococci, imbedded in the myocardium, offer no manifestations. The diagnosis, therefore, offers no difficulty. Valvular affections are easily excluded. Tumors in the heart are pathological curiosities. Let us look now at angina pectoris. In both, during a state of perfect health, severe attacks of suffocation suddenly set in with precordial pains, repeating themselves at certain intervals, but the diagnosis offers differential manifestations, as:

## ECHINOCOCCUS CORDIS.

## ANGINA PECTORIS.

Præcordial pain often absent, never severe.	Præcordial pain pathognomonic.
Permanent dyspnœa interrupted by fits of suffocation from motion or change of position.	Dyspnœa in paroxysms and lasting only a short time.
During the intervals the patient does not feel well.	During intervals he feels apparently well and able to attend to business.
Cyanosis of face during attack.	Ischæmia of face during attack.
Normal or only slightly altered sounds of the heart.	Hints to a dilatation of the aorta.
Cachexia rapidly developing.	Cachexia rare.

Echinococci in the myocardium allow a relatively favorable prognosis, but as soon as they lodge inside of the heart and move about, the prognosis is fatal. Therapia fails, and prevention of their entering the human body is to be attained only by avoiding dogs.—*Wien. Med. Presse*, 11, 1888. S. L.

## The Use of Antipyrine in Labor.

Dr. Egbert H. Grandin has been using antipyrine in labor. His practice has been to give fifteen grains of the drug, well diluted, and to repeat the dose one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every two hours if needed. He also administers a chloral mixture in fifteen-grain doses every three-quarters of an hour till three to four doses have been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the mother nor the child have presented evidence of injury by the antipyrine.—*N. Y. Medical Journal*, July 14, 1888.

## A New Abdominal Electrode.

Dr. Ely Van de Warker has devised a new abdominal electrode, which he describes as follows: A circular disk of zinc, to which is connected the binding-post, has attached to its periphery, by solder, half a dozen fine copper wires eight inches long, or of sufficient length to reach across the electrode, which are loosely tacked, as the needlewomen call it, to a piece of thick firm chamois-skin, cut the shape and size of the intended electrode. Upon this is laid another piece of chamois-skin of the same size, and the two are quilted together in rows parallel to each other, and about two-thirds of an inch apart. The spaces thus made are filled with fine shot. A thin vulcanized plate, the same size as the zinc disk, is interposed between the chamois-skin and the zinc, on the contact-side of the electrode, so that the current will be diffused through the latter, and not directly from the zinc. The copper wires should be tacked to the upper and not to the contact-side of the electrode. The electrode is prepared by immersing it in water until it is saturated, and thus the chamois-skin becomes as perfect a conductor as water can make it. Dr. Van de Warker considers his shot electrode superior to the clay electrode of Apostoli.—*Medical News*, July 14, 1888.

## Effect of Ergot on Subinvolution of the Uterus.

After making observations in one hundred cases, Blanc comes to the following conclusions respecting the effect of ergot on subinvolution of the uterus: 1. That ergot administered during the first five or ten days after delivery does not exert a favorable influence on involution. 2. On the contrary, it seems to hinder the physiological retraction of the uterus. 3. That the result of numerous observations proves that involution is a contraindication to the use of ergot. 4. That ergot is, nevertheless, extremely



useful in the treatment of secondary hemorrhage, and its efficacy is greater, the earlier it is used, in the puerperal period.—*Archives of Gynecology*, July, 1888.

#### Peripheral Injury and Tabes.

In the opinion of Spillman and Parisot, clinical evidence establishes the fact that locomotor ataxia may follow peripheral injuries. The interval between the injury and the first symptoms of tabes varies from a few weeks to as much as eighteen years; and it is worthy of note that, in five out of the fourteen cases quoted nervous heredity, alcoholism, or syphilis, was stated to be present. Former writers have noticed an occasional connection between injuries and locomotor ataxia; and Erb cites cases in which it has followed fracture of the thigh, or a fall on the abdomen. Petit considers that wounds at a distance hasten its development, and others have counted injuries, in a general way, as among the causes of tabes. The present writers carry this view much further. Given a personal or hereditary predisposition to nervous affection, they hold that, besides fractures, many slight injuries, such as sprains or wounds of the feet, or even operations in dentistry, or for cataract, may be sufficient determining causes. Again, the first symptom of the tabes arises always, in their view, in the injured region. After injury to the left foot, the symptoms commenced after five months with lightning pains in the same limb; after contusion of the abdomen, with gastric crises two months from the date of injury. Finally, it is allowed that the diatheses—alcoholism, syphilis, or rheumatism—may exert in some of these cases a predisposing influence.—*Brain*, April, 1888.

#### Echinococcus of the Mamma.

Dr. Otto Lehmann reports: A middle-aged woman complained several weeks before her fifth confinement of swelling and pain in the upper part of her right mamma. Notwithstanding her confinement was normal, the elastic tumor remained. Fearing cancer, she sought medical advice. A trial puncture with a hypodermic syringe revealed the presence of a clear watery fluid. An incision was then made, and on the sixth day an echinococcus cyst was discharged, and a rapid cure followed. The mamma is very rarely the seat of the echinococcus; according to Frey, only in two per cent. of all cases.—*Allg. Med. Centr. Zeit.*, 41, 1888.

#### Lathyrismus, by Professor B. Schuchard.

Symptoms of poisoning were observed after the use of lathyrus sativus, lathyrus cicera, and lathyrus clymenum, consisting of severe disturbances in the nutrition of the muscles of the lower extremities, so that they suffered in their motor functions. The same symptoms were observed in horses fed on these peas; during light work they were apt to fall down in consequence of rapid paralysis of the lower extremities; some perished from asphyxia, or an acute bilateral paralysis of the recurrent laryngeal nerves appeared. Cantani, of Naples, describes the walk of such patients. He finds the abductors more attacked than the adductors. The muscles of the trunk, neck, face, and upper extremities remain intact. The cutaneous sensibility of the legs remains normal, and the perception of stimuli not retarded. Reflexes are normal. The constant descending current produced weak contractions, and only at the closure of the current; they were weaker on the right than on the left side, and weaker in the flexors than in the extensors. The ascending current showed nothing during opening or closing of the current. Microscopic examination of an excised piece of muscle showed the horizontal striation diminished; several small fatty drops. Incontinence of urine was also noted.

Proust supposes that we deal in the beginning with a transverse myelitis or a hemorrhage in the spinal cord, in consequence of a secondary degeneration of the lateral columns. Strumpell finds in lathyrismus a perfect picture of spastic spinal paralysis. Improvement followed in nearly every case.—*Deutsch. Arch. f. Clin. Med.*

### Therapia Psychica.\*

A middle-aged man had his whole trunk, buttocks, upper and lower extremities, with the exception of the palms of hands and soles of feet, covered with psoriasis. He had suffered from malaria and a moist eruption several years ago. For years he had had lightning-like pains in lower extremities. His present eruption is now four weeks old. He looks well, but his memory is weak; sexual desires are gone, though perfectly potent. Pupils somewhat contracted, with tardy reaction to light; slight disturbances of co-ordination; oscillation when closing eyes; muscular sensibility diminished; tendon reflexes absent in upper and lower extremities. During electrical exploration the sense of pain is found absent in the palms and soles; vasomotor reflexes increased. Dr. Tsirsky ordered tepid baths twice a week, and gave him internally pills of extractum liquiritiæ. No other medicine was given, and in four weeks every vestige of psoriasis was gone. It ought to be remarked that syphilis could be positively excluded. —*Centraibl. für Nervenheilk.*, 8, 1888.

### Angina Pectoris of Syphilitic Origin.

Dr. H. Hallopeau publishes, in the *Annales de Dermat. et Syphilis*, the following case: A man of 36 years, became syphilitic when 25 years old. For four years he had various syphilitic eruptions on the skin, for which energetic specific treatment was used, and for seven years he was entirely free from any syphilitic manifestations. During the eighth year he was attacked by a typical angina pectoris, with diverse vasomotor disturbances. After the failure of the usual treatment with bromides, with ferrum candens., and a dozen applications of the galvanic current, he received potassium iodide, 3.0 *pro die*, and in a week all the symptoms had vanished. Nine years have so far passed, without a return of any syphilitic symptom. Hallopeau reaches, after a general theoretical discussion, the following conclusions: 1. Syphilis may produce, in the secondary and tertiary stage, attacks of angina pectoris. 2. Simultaneously may be witnessed other disturbances of innervation from a reflex irritation of the vasoconstrictors or vasodilators; hence arise abnormal sensations of cold or of heat in half of the body, with chilliness and hyperidrosis, and from ischæmia of the motor centres paresis may set in. 3. Such attacks are caused by the formation of specific neoplasms in the course of the cardiac plexus, or in its immediate neighborhood. 4. The character of these typical attacks changes, according as the lesions develop themselves, and disappear in the primarily affected places; they may also attack other branches of the sympathetic. 5. A cure is only possible under a strict specific treatment.

### On the Synergetic Action of Some Poisons given Simultaneously.

Dr. Roger (Paris, *Report de la Société de Biologie*, Mai, 1888) found from numerous experiments that when two toxic substances are given simultaneously they act with greater power; morphia, atropia, chininum, and kali chlor. were experimented with. At first, the exact dose necessary for the death of the animal, mostly rabbits and guinea-pigs, was found. Then mixtures of two poisons were studied; and he found, by giving the

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\* What cures?! Every day this question comes more in the foreground, and materialism will yet receive its death-blow. Is it imagination, is it a kind of hypnotic power which the doctor exercises over his patient, is it blind faith, is it will-power to rid one's self of loathsome disease, is it the high potency, the low potency, or polypharmacy, which restores health when the equilibrium in our nervous batteries is out of gear!? That psoriasis originates in nervous disturbances is well known; also, that it appears at one season of the year to disappear during the next season; but the patient sickened in February with it, and lived in Russia. What cures? we ask again; and we will be thankful to have that question answered in the pages of our old HAHNEMANNIAN.



animal a mixture of morphia and atropia, that it died a great deal quicker than when given the toxic equivalent of either one of these substances. The same result happened with quinine and atropia, or quinine and morphia. In all these cases a synergetic action of both poisons takes place; the toxic action of one is added to that of the other. More remarkable still is the fact that quinine and kali chlor., given together, show a far greater toxic action than when given separately. With morphia and kali chlor. in combination each unfolds its action separately, and the fatal action of each only sets in when the suitable dose of each of them was given to the animal. He never observed that one of these poisons neutralizes the other.

#### A Rapid Method for the Quantitative Estimation of Glucose in Urine by Fehling's Solution.

Dr. Walter Mendelson calls to mind and lessens the constant chances of error in testing for sugar by Fehling's solution.

First, in that we frequently get a reaction simulating sugar when none is present; and second, that we often fail to perceive it when a pathological quantity should be seen; due, in both instances, to the influence of two bodies contained normally in urine, one of which has the power of reducing copper oxide, and the other of redissolving such oxide when, from any cause, it has been reduced.

To avoid these difficulties, he recommends the use of a flask of 250 c.c. capacity, into which pour 10 c.c. of Fehling's solution, then fill half-full of water, or until the solution is a very pale blue; now also dilute the urine well. This diluting of both fluids insures the proper dilution of the normal reducing and dissolving agents of the urine, thereby minimizing their disturbing action.

Boil the diluted Fehling's solution, and after ebullition ceases add from the burette one-half to one c.c. of the diluted urine, and bring to a hard boil—repeating the same until all the blue color disappears.

To be certain of the disappearance of all this blue color, and distinguish it from the cloud made by fine particles of red oxide, I. Munk recommends adding a dash of cold water to the contents of the flask, or, better still, the adding of three to five drops of a fairly strong (say, 15 per cent.) solution of calcium chloride. The white precipitate formed carries down with it all the copper oxide, leaving the clear supernatant fluid in which the most delicate shade of blue is discernible, if present.—*New York Medical Journal*, July 7, 1888.

#### Glycerin Suppositories in Habitual Constipation.

Boas reports good results from glycerin suppositories, i.e., capsules containing 16 minims of pure glycerin, which seem to retain their form and efficacy for many weeks. The purgative effect of glycerin enemata is avoided; the desire for stool, which follows in some fifteen to twenty minutes, being without the tenesmus which is so troublesome after the enema. The use of the syringe, too, is avoided; this, causing bleeding at times when hemorrhoids are present, and considerable inconvenience when the rectum is irritable.—*Medical News*, July 14, 1888.

#### Contra-indications to Cold-water Treatment.

Dujardin-Beaumez has already asserted that in hydropathic treatment we must look out for the state of the bloodvessels, and especially for arteriosclerosis. Such treatment is excluded in every case where we meet varicose dilatation in the lower extremities. Fredet witnessed, when the cold douche was applied to such persons, phlebitis and phlegmasia alba dolens, and that this happened especially in women, when preceding pregnancies left varices behind; and the temperature of the water, whether cold or warm, makes no difference; it is the traumatic influence of the douche which must be considered; whenever patients complain, after a few days of hydropathic

treatment, of pains in the lower extremities, we have to look out for varices. Even when hydropathy may be considered necessary in certain cases, it may be well to bandage the legs with flannel, and use only a very moderate spray instead of a powerful douche.—*Journal de Méd. de Paris*, 18, 1888.

#### Catgut Ligatures and Antiseptics.

Viorker, of Bern, found catgut ligatures very unsafe for producing perfect asepsis in wounds, as in several cases he found traumatic infection, fever, sensitiveness of the wound, etc., after their use, though they were preserved in antiseptic fluids. Since then, he uses disinfected silk only, and when the single thread is not strong enough he combines several together. Since discarding catgut entirely his surgical ward became entirely free from all such disagreeable complications.—*Munch. Med. Wochenschrift*, 19, 1888.

#### Nephritis Lasting Twenty Years after Scarlatina.

A patient of Dr. Aufrecht had scarlatina when nine years old followed by dropsy. Since then his urine has always contained albumen. In his thirteenth year he had angina and hæmaturia. In his studies he always stood at the head of his class, and then studied law. Since then he had frequent attacks of angina and hæmaturia, especially after over-exertion. His chief complaint was great weakness and spinal pains. Since 1881, he has, regularly, after dinner severe migraine, but without nausea or vomiting, keeping up more or less till 1886, though he subsisted mostly on milk. Bodily exercise in the open air relieved the headache. He gradually became marasmic, and died after having been an invalid for twenty years. Autopsy revealed a *cirrhotic white* kidney. Aufrecht differentiates three different kinds of nephritis: Primary parenchymatous, amyloid, and glomerulo-nephritis. The first one causes the white, coarsely granular, cirrhotic kidney, which either gets well, or, in fatal cases, death happens before shrinking takes place; we meet, then, the enlarged white kidney. Glomerulo-nephritis ends in the well-known red cirrhotic kidney. Whether the frequent hæmaturia was the cause of the white cirrhotic kidney, or whether we dealt here with a primary parenchymatous nephritis from scarlatina, remains doubtful. His death was caused from uræmic convulsions. Remarkable was the constant coexistence of angina and hæmaturia, though, in fact, he passed bloody urine also after any other febrile paroxysm. It may also be remarked, that the dropsy after his attack of scarlatina only demonstrated itself by swelling of the face, arms, and chest, and then disappeared entirely during the twenty years. Four weeks before his death there was some transitory œdema of the face, neck, and arms.—*Deutsch. Archiv.*, 6, 1888.

#### Changes in the Peripheral Nerves during Phthisis.

Dr. N. A. Jappa, of St. Petersburg, shows that in all fatal cases of phthisis, he found: 1. Pathological changes in the mixed nerves of the extremities. 2. These changes are more marked in the fine peripheral branches than in the nerve trunks, and in the nerves of the lower extremities more than in those of the upper. 3. These changes fully correspond to the so-called parenchymatous degenerative neuritis. 4. They are certainly independent of any changes in the central nervous system. 5. They produce undoubtedly many of the peripheral nervous symptoms so often observed in the course of phthisis. 6. Sensory nerves are more frequently affected than the motor.—*Allgem. Cent. Zeitung*, 57, 1888. S. L.

#### Glycerine Injections for Constipation.

Dr. Von Subbotic remarks, that for the successful use of glycerine injections in constipation, the rectum must contain fecal matter. Glycerine causes an increased discharge of fluid from the tissues of the body and thus stimulates the rectum to action; a stool follows. When, however, the rectum is empty the glycerine is unable to stimulate the more distant parts of the intestinal canal.—*Centralbl. f. Gynecol.*, 27, 1888. S. L.



**Effects of Dry and Wet Packing.**

Dr. Gritsai, of St. Petersburg, has prosecuted a series of observations on the effects of dry and wet packs followed by vigorous rubbing on a number of healthy hospital attendants. The number of cardiac contractions fell slightly after the application of both kinds of packs, generally speaking, to the extent of six beats per minute after the wet, and three beats per minute after the dry packs. The blood pressure, taken by Basch's sphygmometer, rose on the average eight millimetres after the wet packs, and fell five millimetres after the dry ones. The inspiratory and expiratory force, taken by Waldenburg's pneumanometer, increased nearly twice as much with the wet as with the dry packs. The muscular force increased after the wet packs, and very slightly decreased after the dry ones. The temperature in the rectum and in the axilla diminished; the rectal temperature was the more affected by the dry pack, falling 0.15 C. after the wet pack, and after the dry, 0.27 C. The temperature in the axilla, on the other hand, was the more affected by the wet pack, which caused it to fall 0.18 C., while the dry pack only caused a fall of 0.07 C. The surface temperatures taken by Immisch's thermometer fell in both series of experiments, e.g., that of the chest fell 0.48 C., and that of the thigh 0.6 C. after wet packing; the dry packing producing a smaller fall in both cases, viz.: 0.24° on the chest and 0.2° on the thigh.—*Lancet*, July 21, 1888.

**Bilateral Suppurative Otitis as a Consequence of Posterior-nasal Tamponade for Epistaxis.**

Gelle attacks the general opinion that when death follows a posterior-nasal tamponade, it is the consequence of cerebral apoplexy, pointing to the fact that consecutive acute inflammation of the middle ear may be the cause of the fatal issue. He reports the case of a man aged 55, in whom the posterior nares were plugged on account of severe epistaxis, the plug being left in for 48 hours. Three days after its removal acute bilateral otitis media developed with perforation of the membrana tympani. The patient recovered. Gelle attributes the inflammation to irritation caused by the putrid fluid which results from the plugging.—*Annals of Surgery*, August, 1888.

**Vomiting of Pregnancy.**

Lying with the head and shoulders low and the hips elevated will give quick relief. A linen compress saturated with French brandy, strapped tightly over the gastric region with adhesive plaster, acts mechanically in holding the muscles quiet, and will sometimes do wonders in these cases.—*Northwest Lancet*.

**A Cure for Hiccough.**

Dr. Boetsch recommends for singultus holding the breath for some time after a deep inspiration; thus the reappearance of the singultus is inhibited and the trouble disappears.—*Ther. Monatshr.* S. L.

**Angina Syphilitica as a Symptom of Recent Syphilis.**

Da Costel says that although a rare symptom in recently acquired syphilis, its existence at that time cannot be denied. It usually appears at the same time with roseola syphilitica, and attacks the velum palati. During its primary stage hypertrophy of the lymphatics of the mucous membrane of the fauces is characteristic, as is also great dilatation of the bloodvessels in that region. The mucous membrane of the velum palati appears to be spread over with transparent granules surrounded by visible nets of bloodvessels. At a later stage the mucous membrane is infiltrated, thickened, and in some places œdematous. Though ordinary angina often has the same appearance as that due to syphilis, the two affections may be differentiated by this point: Whereas in a common angina only a few hours are required for the disease to pass through its different stages, syphilitic angina requires days before the entire mucous membrane is infiltrated.—*Semaine M. d.*, 23, 1888. S. L.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

UNDER THE CHARGE OF CHARLES MOHR, M.D., PROFESSOR OF MATERIA MEDICA  
AND THERAPEUTICS, HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA,  
ASSISTED BY EDWARD R. SNADER, M.D.

#### PROVINGS.

**ANACARDIUM ORIENTALE.**—"In looking for the cause of a repeated eczematous eruption on my hands, I applied directly to the skin of one hand the tincture of anacardium orientale. In twenty-four hours a slight redness was visible at the point of application; in forty-eight hours there were heat and itching, and a scarcely perceptible papillary eruption. The itching was intensified by warmth and friction, and relieved by cold; cold water relieving till some further irritation or friction started it up. In another twenty-four hours, well-marked vesicles were present, though they did not develop into bullæ. By the fourth day the discomfort subsided at the original site; but there were for two or three days successive crops of small groups of vesicles along the palm and thenar eminence, a circumstance which I had noticed in former poisonings from the same drug. By the end of a week the vesicles had dried up and were finally peeled off, leaving a faintly-colored base two months afterwards. Have not had an opportunity to try the remedy in any skin disease since."

**CHINA.**—"I was called to see a man, 35 years old, who had taken within twenty-four hours about two ounces of china in small doses. He was complaining of heat. I found a temperature of 101° and a slightly flushed face. The next day I found a temperature of 104°; a papillary eruption all over the body; no itching, but a burning sensation; the heart a little irregular, but not rapid, about 85 per minute. The fever subsided in three days, and the color disappeared from the skin, but there was no desquamation. This I consider one of the not common cases of erythema from quinine."—Both quoted from a paper read by Dr. C. H. Finch before the Rhode Island Homœopathic Medical Society, and published in the *N. E. Med. Gazette*, June.

#### MATERIA MEDICA.

**AMMONIUM CARBONICUM** 3x cures many cases of coryza, and is indicated in gouty headache, with thickened right ventricle, and in sore throat, where the feeling is as if skinned.—*California Homeopath*, August.

**CALCAREA FLUORICA.**—Dr. Porter recommends the remedy in varicose veins about the vulva and in distension of the ovarian and sub-ovarian plexus of veins. Differentiating silica from calcarea fluorica, he finds that the latter medicine has a greater affinity for muscular tissue, and has relief from cold, while silica is worse from cold. He quotes several symptoms from Farrington, indicating the fluoride of lime in affections of the lower tissues. Little vesicles form around scars; lacerations of the cervix, with a considerable amount of scar-tissue.—*Hom. Journal of Obstetrics*, May.

**CAPELLA BURSA-PASTORIS** has been curative in various uterine hemorrhages, especially those with which uterine cramp and colic are associated, and also in various passive hemorrhages from mucous surfaces. It appears to act through the vaso-motor system. In fresh decoction it has been used



in hæmaturia, hæmorrhoids, diarrhoea and dysentery.—*Hom. Journal of Obstetrics*, May.

**CAPSICUM.**—Dr. Porter, in speaking of the action of this medicine, quotes J. Chéron, who, in *Le Progres Medicale*, declares that pepper is a vascular remedy, which exercises a special action upon organs richly supplied with bloodvessels, such as the utero-ovarian, respiratory and encephalic tracts. The drug acts like ergot upon the non-striated fibre of the vascular walls, either directly or through the agency of the vaso-motors. He has employed capsicum with success in hemorrhages from the uterus caused by fibrous tumors, endometritis fungosa or epithelioma. Dr. C. Carleton Smith says the drug is of value in fat, lazy people, particularly females, whose reactive power is poor. A few symptoms follow: Mouth pasty, gums flabby, breath fetid, accumulation of mucus; better while eating, worse afterward; food tastes sour, craving for coffee, which causes dyspnoea; icy coldness of the stomach; burning in various parts of the body; desire to lie down all the time; tottering walk; staggers into the office and plumps down into a chair, with heavy sighs, and with gasping breath describes her symptoms; hemorrhoids, with the "blues"; enlarged and painful cervical glands; elongated uvula; small, frequent stools, expelled with violence; great burning in the rectum; homesickness, with red cheeks, and sleeplessness; excessive distension of the abdomen (which feels as if it would burst), coming on about two hours after eating; peppery eructations; the urine first comes in drops and then in spurts. Dr. Panzat has cured fissure of the anus with capsicum given in three-grain doses night and morning.—*Hom. Journal of Obstetrics*, May.

**CARDUUS MARIANUS.**—The main sphere of the usefulness of this drug appears to be in liver disorders during the climacteric period. Dr. Porter has only found it curative in portal congestions, with swelling and tenderness in the hepatic region, and soft, clay-colored stools; he believes its influence is mainly exerted through its action on that portion of the sympathetic system controlling the portal circulation: an action analogous to lachesis in removing the flushing of the face in climaxis. Carduus must be found closely related to collinsonia in its relation to the portal circulation. In all disorders of the pelvis, dependent upon some disturbance of the abdominal viscera—a frequent cause of uterine congestion—this drug should be found well adapted, especially if there be present any hemorrhoidal complication.—*Hom. Journal of Obstetrics*, July.

**CAULOPHYLLUM.**—Dr. S. Leavitt reports some interesting confirmations. He has found it adapted to headache beginning, and sometimes continuing, in the occiput, with a disposition to throw back the head to relieve a tense drawing feeling. Also to headache in weak, nervous women, especially at the monthly period, and in those suffering from uterine and ovarian troubles. The remedy is remarkably helpful in a good many cases of dysmenorrhœa. One class to which the drug is especially applicable, is composed of young women with rotund figure and hard fibre. Another class, and one much larger than the one just mentioned, is made up of thin women, with a sensitive and highly nervous organization, in whom the spasmodic element predominates. Caulophyllum is also a good remedy in amenorrhœa. In some women the medicine appears to act as a regulator of the menses. When the cycles incline to undue length, it has reduced them to four weeks, and likewise in some cases where the interval was too brief, but the flow scanty, it has acted well. In rheumatic women, especially if the abdomen is sensitive to palpation, the pains of labor are sometimes ameliorated by a preliminary use of caulophyllum, and during parturition the remedy is often of service. Upon nervous sensitive women, with a tendency to reflex pains in various parts of the body, but especially in the head and pelvis, it acts best. For pains which are too severe, as well as for those which are too feeble, it is occasionally required. When the os uteri is spasmodically contracted, this remedy is said to overpower the rigidity. For after-pains

caulophyllum is a choice remedy, yet one not suited to all cases. A contra-indication here, as in dysmenorrhœa, is a very free flow. The drug sometimes produces sleep where the patient has been "sleepless, restless, nervous." On a number of occasions so quiet and somnolent were the effects of the remedy that the patient mistook it for an opiate.—*Hom. Journal of Obstetrics*, July.

**CEREUS BONPLANDII.**—In nervous and sympathetic palpitation (irritable heart), so frequently associated with female diseases, the drug acts with great promptitude. The physiological action of *cereus bonplandii* appears to be exerted largely upon the sympathetic nerves, and through the correlation of tissue-tracts dependent upon this system of nerves; such changes in the ganglia governing the heart's action as are secondary to genital disturbances, are indications for its homœopathic use. It has also been found useful in amblyopia, with irritability of the heart, due to a lacerated cervix. In spinal irritation arising reflexly from lesions of the female genitalia, it has also been used curatively upon the recommendation of Dr. F. F. Laird, who has made an extended study of nervous and other phenomena of the drug. Quoting Dr. Hale's theory, that uterine disorder may occasionally arise through a loss of equilibrium in the circulation, and that by restoring the powers of the enfeebled heart, we may relieve symptoms dependent upon uterine irritation, Dr. Porter declares that the action of *cereus bonplandii* is certainly wonderful in its effect on cardiac irritation, which may be either the cause or the result of the local trouble within the pelvis. He always employs the drug in the second dilution.—*Hom. Journ. of Obstetrics*, July.

**DRUGS CAUSING URINARY CASTS.**—*Casts.*—Acon., apis, canth., copaiba, puls. nutt., sabina, tereb.

*Epithelial casts.*—Ars., iodoform, merc. corr., natr. hydrochlor., petrol., phos., plumb., sulph. acid.

*Blood casts.*—Ars., plumb.

*Fibrinous (waxy) casts.*—Ars., phos., sulph. acid.

*Fatty casts.*—Ars., merc. corr., phos., plumb.

*Hyaline casts.*—Ars., brachy., natr. hypochlor., petrol., phos., plumb., sulph. acid.

*Renal Epithelia.*—Ars., canth., copaiba, phos., puls. nutt., sulph. acid, tereb.

Of the foregoing remedies, the following cause:

*Hæmaturia.*—Acon., ars., canth., natr. hypochlor., phos., sabina, sulph. acid, tereb.—Dr. John L. Moffat, *North American Journal of Homœopathy*, June.

**DULCAMARA.**—Oppression of the chest from accumulation of mucus, with much difficulty in expelling the phlegm, in infants or old people, from threatened paralysis of the vagi.—*California Homœopath*, August.

**EQUISETUM HYEMALE**, Dr. Seldon H. Talcott finds useful where the urine dribbles away almost constantly, both from relaxation of the sphincter-vesicæ and from mental inattention. The curative effects are more uniformly manifest among males. *Equisetum* causes dull pain in the renal region, with urging to urinate. The bladder is tender, sore, with severe dull pain, not lessened after urination. There is a constant desire to urinate, sometimes with a feeling of distension, and with profuse urination. It likewise, however, causes high-colored, scanty urine, containing mucus; burning in the urethra during urination; cutting pain; passes a small quantity of urine, but feels as though he had not urinated for hours—a symptom akin to the distended sensation. The remedy has won most favor in enuresis. But even when the vesical irritation increases, with scanty urine, it has proved curative, especially with women. Urine blood-mixed, albuminous, pains worse after urinating.—*Hom. Journal of Obstetrics*, July.

**ERIDYCTION** is a close analogue to *ipêcacuanha* in cough, expectoration and asthma. It has not the nausea.—*California Homœopath*, August.



**FERRUM PHOSPHORICUM** is a most powerful vein medicine, although its action on the arteries is its prime sphere. It has cured a small aneurism and the great indication for it is *throbbing*. It is also a beautiful hypnotic, but those who usually sleep well are often kept awake by it. It acts brilliantly in old people. (Fluoric acid in young.)—J. C. B., *California Homœopath*, August.

**MERCURIUS**—One of the greatest of all the characteristics of this remedy is the aggravation from or utter impossibility of lying on the right side. A knowledge of this one symptom has enabled Dr. Gregg to cure more cases of serious lung diseases than through all its other indications combined.—*California Homœopath*, August.

**NITRUM**.—Dr. Flora Waddell reports the case of a lady, aged 53, suffering with cancer of the breast. The patient soon succumbed to the disease, but the following symptoms for which *nitrum* 30 was prescribed disappeared: "Whenever she would try to drink, would have to take very small sips at a time, for want of breath. Would seem to want a quantity of liquid at a time, but would get so tired would have to desist."—*Homœopathic Physician*, July.

**PHYSOSTIGMA 3x** is the remedy for leucorrhœa, worse in the afternoon, with great muscular prostration, a constant inclination to sigh, which inclination is worse when the leucorrhœa is worse, and a desire for much cold water.—*California Homœopath*, August.

**STRYCHNINE** competes with quinine in its beneficial effect in chronic ear diseases. The chronic unvarying tinnitus is characteristic of it.—*California Homœopath*, August.

**ZINCUM** has burning in the stomach, and, particularly, a pressure when empty, with dyspnœa and apparent stricture of the œsophagus; eructations, with burning pain running into the back, with nausea and vomiting. Sometimes the least spoonful of food will be thrown back so soon as it strikes the stomach.—*California Homœopath*, August.

## THERAPEUTICS.

**EPILEPSY**.—In an article, by Dr. H. R. Arndt, appearing in the *Medical Counselor* for July, that gentleman quotes several cases of epilepsy cured by *cuprum*:

Schwarze reports the case of a boy, æt. 10, a small, pale blonde, who for two years had been suffering from epilepsy, the attack recurring at intervals of from two to four weeks. The attacks are described as follows: Without the slightest warning the boy gave a sudden cry and fell unconscious to the ground, striking with hands and feet. All the muscles of the body jerk and become convulsed, the eyes are turned, the mouth foams, the thumbs are firmly bent upon themselves, the countenance is flushed, and he groans and moans as though agonized. This condition lasts from six to twelve minutes, and, with a deep sigh, the attack ends. Sometimes he fell into a sleep, sometimes not, and if he remained awake, he complained of heaviness and dulness in the head and great weakness. After each attack he passed a large amount of limpid urine. Latterly the attacks came on during the day. The case was cured by *cuprum* 30, in rarely-repeated doses, and the patient, at the time the report was published, had been free from seizures for a period of five years.

Another writer cured, with one dose of *cuprum*, after having in vain given *cicuta*, *stramonium*, *belladonna* and *cina*, a girl, æt. 11. The patient during the attacks lay in an unconscious condition, her eyes closed, the lids jerking spasmodically, the eyeballs congested and turned upward. A perfect storm of convulsions agitated her, so violent that it required the efforts of several persons to control her, marked *opisthotonus* supervening. There was a copious flow of saliva from the mouth. Two years after receiving

the one dose of cuprum she had another attack, much less convulsive, and the symptoms generally modified. Cuprum relieved at once and permanently.

Dr. Frank, old school, relates a number of clear cases of epilepsy successfully treated with *cuprum sulfurico ammoniatum*, in material doses, in fact, large enough to produce gastro-intestinal irritation in nearly every case. One case was suddenly and without warning taken with a seizure, the convulsions continuing for fifteen minutes. During an entire year the child was free of the disease; the next year he had four attacks; for another year he remained well, and then the attacks came on frequently. He now experienced an aura epileptica, a strange sensation extending from the right foot upward, stopping an instant in the leg, then suddenly darting into the abdomen, with great anxiety and a feeling as though the head were suddenly deluged with hot water. Unconsciousness followed. He received daily one grain of the salt, the amount being increased at the ratio of one grain a week. During the first few days he suffered from nausea and burning in the stomach. After four weeks no attacks occurred at night, and the aura epileptica was less regularly experienced. The pulse became less hard and rapid. After eight weeks the convulsions failed to return, his appetite improved, and the color of his face grew better. He passed, copiously, a turbid, fetid urine, without any appreciable sediment, and perspired freely at night. A perfect cure resulted.

HEADACHE.—From an article reviewing the therapeutics of headaches, by Dr. E. B. Nash, we summarize the following:

*Iris*.—With the headache has a great deal of sour stomach and sour vomiting; burning in the stomach, mouth, fauces, and tongue (feel as though they had been scalded). Headaches characteristically of gastric or hepatic origin, and often beginning with a blur before the eye. The doctor has found the drug most useful in the third dilution.

*Eupatorium perfoliatum*, in bilious sick-headaches coming on in the spring. It is useful, in homœopathic form, in persons who have been benefited by "bone-set" tea. The drug is of especial value when the patients are subjects of ague. The vomiting is very bitter. Soreness of the eyeballs is often complained of.

*Cina* 30 cured a headache from eye-strain in a young school-girl. The medicine was prescribed on the following symptom: "She felt as though she must rest the eyes, and when looking at a thing steadily (reading) she sees it as through a gauze, which is relieved by winking the eyes."

*Veratrum viride* 1, in water, is of great service during paroxysms of severe pains in the head followed by nausea, which seems to be in sympathy with the head trouble, or secondary to it.—*Medical Advance*, August.

CATARACT.—*Phosphorus* 6x, in continuous daily doses for four months, in a case of incipient cataract, cleared up the lens remarkably. A traumatic case, where vision was so defective that the patient had to be led, under the same remedy also greatly improved.—*Medical Era*, August.

FACIAL PALSY.—*Cadmium sulph.* 3x cured a right-sided facial paralysis in a ten-year old boy, resulting from exposure to cold, after causticum had failed.—*California Homœopath*, August.

GASTRALGIA, appearing after eating with pyrosis and cold feeling externally between epigastrium and umbilicus is curable by *oxalic acid*.—*California Homœopath*, August.

LEAD COLIC.—A case of colic in a printer from handling type, characterized by pain so severe as to compel him to lie upon the floor and make a great outcry, was not helped by *nux vomica*, which drug was suggested by the confined state of the bowels. *Opium* 6 at once helped, but the 12th dilution was more efficient, bettering both the pain and constipation.—Dr. Ussher, *Homœopathic World*, July.

ANGINA PECTORIS.—Dr. Ussher, in the *Homœopathic World*, for July, reports a case of angina pectoris, of gouty origin. Mrs. E., æt. 40, had



numerous attacks, which were ameliorated remarkably by various remedies. In one attack, the face was pale, the head thrown back, pulse feeble, surface cold, neck stiff and painful, and her state nearly that of insensibility; nausea, with quantities of phlegm that threatened to choke her. *Antimonium tartaricum* 2x trit., second dose, relieved her. The patient, for a time, was relieved by *amyl nitrite* 1x, and olfaction of the crude drug. Her marked symptoms were præcordial coldness, frightful pain and stiffness of the neck, for which *juglans cinerea* 2x, two-drop doses, at short intervals, relieved speedily. The medicine was continued in the same dose, night and morning, and good heart action and health were restored.

**HAY FEVER.**—From an article appearing in the August number of the *Medical Era*, by Dr. E. Lippincott, we excerpt the following therapeutic indications:

*Aconitum radix* is recommended at the onset of the malady for febrile disturbance; chilliness, or creeping chills; aching; profuse watery coryza; nervousness; restlessness; anxiety; coryza suppressed, followed by headache, or fulness in the head; heat in the nasal cavities, with frequent paroxysms of sneezing; dry, violent, racking cough, with stitches in the chest; photophobia, with a feeling as of sand in the eyes; hemoptysis.

*Ammonium muriaticum*.—Burning in the eyes and lachrymation at night; rawness and soreness in the fauces; is obliged to clear the throat frequently; burning in small spots in the chest; itching in the larynx; dyspnoea on moving and when lying.

*Asarum Europeanum*.—Fluent discharge, with deafness; sensation as if the ears were plugged up with something.

*Badiaga*.—Spasmodic cough, with sneezing and lachrymation; yellow, viscid mucus flies from the mouth and nostrils during the paroxysm.

*Bovista* is specially indicated when the patient complains of fulness at the epigastrium; must have the clothing loose. Low dilutions are apt to aggravate; high act best.

*Cyclamen Europeanum*.—When there is a great deal of sneezing, with rheumatic pains in the ears and head; loss of smell.

*Euphrasia*.—Frequent sneezing; profuse coryza and lachrymation; discharge of white mucus from the nose; severe itching and burning at the margins of the eyelids, with swelling and gluing of the edges; photophobia; dry, tickling cough; dyspnoea. It is indicated when the force of the disease is concentrated on the eyes.

*Hippomanes mancinella*.—When the attacks occur at night.

*Lachesis*.—Long paroxysms of sneezing; profuse, acrid coryza, causing excoriation, swelling, and redness of the nose; lachrymation; conjunctiva injected; violent, tickling, irritative cough, as if a hair was in the throat; constriction of the throat and lungs; oppression of breathing, with pain in the lungs; sensitiveness of the larynx, with a feeling of suffocation when touched; dyspnoea, worse after sleep at night, after eating, and after a nap in the daytime; prostration. Dr. W. H. Holcombe has obtained brilliant palliative results with this remedy in the 2000th attenuation.

*Opium*.—In the second edition of "Hay Fever," Dr. C. H. Blackley remarks: "Opium is a remedy that often does good service in the asthmatic form of hay fever, when paroxysms of suffocation come on during sleep, and when these are apt to be followed by violent fits of dry, racking cough, that are relieved for a time by drinking a glass of water." He advises the first decimal attenuation.

*Rumex crispus*.—Violent and rapid sneezing; fluent coryza, with painful irritation in the nostrils; dryness of the posterior nares; violent, dry, periodical, and paroxysmal cough, with soreness therefrom behind the sternum.

*Sambucus nigra*.—When the degree of dyspnoea is greater than that of ipecacuanha and the cough less; extreme anxiety; face purple; asphyxia seems imminent; loud sibilant rales accompany the dyspnoea; free perspiration; the patient seems to sleep into the trouble.

*Sinapis nigra*.—Dr. J. P. Dake relieves the sneezing and checks the coryza by saturating pellets with an ethereal oil and inhaling from them. Dr. Butler has cured cases with this medicine.

*Sulphur*.—Sneezing on awaking in the morning, or on lying down at night. It is most useful where there are occasional attacks of urticaria, and in that form of the disease where asthma is the especial feature from the commencement of the attack. Profuse perspiration after the fits of sneezing or coughing; oppression of breathing between the paroxysms; sibilant dyspnoea; bluish lips; expectoration of a tenacious bronchial mucus; burning sensation in the larynx and trachea; violent paroxysms of coughing in the evening after lying down; constipation; hemorrhoids; skin affections.

*Teucrium marum verum*.—The eyes look as if one had been weeping, with smarting in the canthi and redness of the conjunctiva; redness and puffiness of the upper eyelids; profuse smarting tears in the open air; fine ringing in the right ear when blowing the nose, squeaking as if air was forced through mucus; stinging, lancinating pain in the upper part of the nasal cavity; frequent sneezing, with tingling in the nose without coryza, or followed by coryza; sensation in one nostril as if it were half stopped.

DIPHTHERIA.—Four principal indications for *kali bichromicum* are: 1. Yellow, coated, or dry, red tongue; 2. In later stage, after line of demarcation has formed and slough has commenced to separate; 3. Tough, tenacious exudation; 4. Pain extending to neck and shoulders.—*California Homœopath*, August.

SCARLATINA.—Dr. Lilienthal recommends *zincum* in scarlet fever when the eruption fails to appear, due to what he calls a contradictory condition, the vital forces being below par and yet erethism being present.—*Medical Counselor*, July.

TYPHOID FEVER.—In a discussion on the treatment of typhoid fever, before the British Homœopathic Society, Dr. Blake recommended for delirium opium, carbolic acid, hyoscyamus (especially when there is distension); for deafness, muriatic acid; for diarrhoea, arsenicum, iris and pyrethrum. The doctor thought pyrethrum (*chrysanthemum*) ought to be a good medicine. For lung complications he liked *mercurius corrosivus*.—*Homœopathic World*, August.

ECZEMA CAPITIS.—One prescription of *viola tricolor* cured a case with thick incrustations on the scalp, matting the hair, and a sticky, ill-smelling exudate.—*Medical Era*, August.

ACNE.—Case 1. G. W., aged 27. For twelve months had large pimples on face and several on the ears the size of a split pea. No history of syphilis. At times there occurred a pricking sensation in the pimples. *Nitric acid* 3x dilution, three drops four times a day, cured entirely in two weeks.

Case 2. Frank S., aged 18. Face and forehead thickly covered with pimples the size of millet seed. There was some stinging in the eruption. A two-dram vial of *nitric acid* 3x dilution, cured.

Case 3. R. K., aged 21. Pimples since puberty on the face (especially on the forehead); small red elevations, aggravated by shaving. No subjective symptoms. For eight months sulphur, arsenicum, hepar and antimonium crudum were given, with only slight amelioration. *Nitric acid* 3x dilution, cured in a month.—Dr. J. A. Vansant, *Southern Journal of Homœopathy*, July.

FIBRO-MYOMA.—In the San Francisco Homœopathic Dispensary, a fibro-myoma is being reduced in size by *calcarea iodatum* 6x.—*Medical Era*, August.

PAPILLOMATOUS EROSION OF CERVIX UTERI.—Dr. Phil. Porter cured a case with *calcarea fluorica* 6x, in which the local symptoms were accompanied by a dyscrasic condition, enlarged cervical glands, emaciation and weakness. The doctor based his prescription upon the constitutional changes, the local condition (the fissured appearance of the cervix), and an abundant yellowish leucorrhœa.—*Hom. Journal of Obstetrics*, May.



**UTERINE POLYP.**—A uterine polyp, protruding from the os, and causing dysmenorrhœa, accompanied by the characteristic *sanguinaria* headache, is reported to have been greatly relieved by that remedy, the growth being already diminished to one-fourth the size when first examined.—*Medical Era*, August.

**MENORRHAGIA.**—Dr. Flora A. Waddell cured what she termed a symptomless case of menorrhagia, in a young lady, aged twenty-three, with *sabina* 200x every night for a week before menstruation.—*Homœopathic Physician*, July.

**TANSY POISONING.**—Dr. J. A. Vansant gave *actea racemosa* successfully to a married woman, five months advanced in pregnancy, who had taken a large quantity of tansy to produce abortion. The chemical antidotes advised in the United States Dispensatory were tried without avail. A temperature of 105° F. existed for three days. *Actea* was indicated symptomatically, and prevented the abortion.—*Southern Journal of Homœopathy*, July.

**OVARALGIA.**—A case reported by Dr. Flora A. Waddell confirms a symptom of *naja*. Ovary of left side affected; pain always in the heart when the ovary ached; pains sharp and cutting, come on about a week before menses, growing worse until flow begins, then easier until next month. The complaint was of over two years' standing, but entire relief followed the administration of *naja* 12, a dose four times a day.—*Homœopathic Physician*, July.

**CHRONIC LEUCORRHEA.**—Mrs. G., married ten years, had five children and three miscarriages. Complains of debility and bearing-down pains, with profuse leucorrhœa. Examination shows prolapsus uteri, ulceration and sub-involution, and a copious creamy discharge from the os. Local treatment had effected little. She was weak, emaciated, and extremely nervous, and a martyr to dyspepsia. Worried much over trifles, and real cares overwhelmed her. Usually very pale, under excitement she would flush readily. Pulse 65, weak and intermittent. Under the action of *ferrum muriaticum* 3x, four times daily for two months, she ate well, ceased worrying, gained strength and flesh, and an examination showed decided improvement in the condition of the uterus. No local treatment was employed.—Dr. A. W. Woodward, *Hom. Journal of Obstetrics*, July.

**SCANTY MILK.**—Dr. L. O. Rogers, having read an account of the action of *sabina* in deficiency of milk, reported by Dr. Hale, in the *Southern Journal of Homœopathy* (May), was prompted to relate a similar experience with *sticta pulmonaria*: "In the first case in which I noticed its action in this particular, I was prescribing for its peculiar cough and rheumatic conditions, the patient then nursing her seventh child. She had always been annoyed by a scantiness of milk, occasionally it being entirely suppressed. While taking the remedy the flow of milk became ample, and so long as an occasional dose of *sticta* was given it remained so. I have since verified this result in a number of cases."—*Southern Journal of Homœopathy*, July.

**STERILITY.**—A married Jewess, nullipara, who had suffered with menorrhagia since her first menstruation, was cured of sterility by *sabina* 200x.—Dr. Flora A. Waddell, *Homœopathic Physician*, July.

**GONORRHEA.**—*Ephedra antisiphilitica* has been found useful in gonorrhœa in females. A few doses, it is said, will control all the throbbing, burning, and bearing-down sensations common in women suffering from an acute attack. Its sphere of action is similar to hydrastin, having been employed successfully in affections of the mucous membranes generally.—Dr. Porter, *Hom. Journal of Obstetrics*, July.

**GLEET.**—*Benzoic acid* proved curative in a case of gleet that had resisted all kinds of treatment. Congestion of the prostate gland was one of the features.—Dr. Geiger, *California Homœopath.*, August.

**HEMORRHOIDS.**—According to Dr. J. C. Morgan, *ferrum phosphoricum* is suited to congested piles when the tumors are deep-red, and there is spasmodic action of the anal sphincter, and sometimes feverishness.—*Journal of Obstetrics*, July.

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THE TREMORS.\*

BY J. T. O'CONNOR, M.D., NEW YORK.

GENTLEMEN: The patient whom I exhibit to you offers for study a typical case of his disease whose chief objective symptom belongs to the class of symptoms which we are to consider to-day.

As the patient stands before you, you undoubtedly notice that he trembles, but that his body as a whole is not thus affected, the tremor being limited to his arms and head and legs. He has a tremor. Now, what is a tremor? You see that it is a to-and-fro action of arm or hand or finger, etc. But if asked to analyze the motion you find a difficulty. As the motion is a to-and-fro one, opposing sets of muscles are involved,—but how? Does a spasmodic action of one set pull, so to say, for an instant and at the end of this action do the opposing muscles, by their normal activity, pull the member back? Or is there a temporary paralysis lasting for an instant, during which time the normal opponents act more powerfully by reason of the loss of opposition? Or is there a double and alternating spasm of opposing sets of muscles? These questions have excited a good deal of interest, but so far have not received any satisfactory solution. Authors speak of paralytic tremor and of spastic tremor. An instance of the first kind is the tremor observed in states of exhaustion; of the latter, in a shaking chill.

The peculiarities distinguishing tremor are: first, the motion is of small extent, and, second, it is rhythmical. These two conditions distinguish tremor, whatever its origin is, from spasm and from ataxia.

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\* Delivered in a Course of Lectures on the Symptoms of Nervous Diseases, in the New York Homeopathic Medical College, Session 1887-88.



Tremor is not necessarily a condition of disease. It occurs normally when the body is rapidly cooled and when the individual is greatly fatigued or under great mental excitement or when making great muscular effort. Your own experience undoubtedly brings to your minds instances of such occasions of tremor in yourselves or in others. But tremor occurring without any such exciting cause, or if so produced yet exceeding in intensity or duration ordinary limits, is to be considered as the evidence of a diseased state.

The diseases or diseased states in which tremor is found and is sometimes diagnostic, are paralysis agitans, disseminated sclerosis, Basedow's disease, the senile state, and chronic poisoning by alcohol, mercury, arsenic, lead and other toxic substances, and, I am inclined to think, long-lasting multiple neuritis of a not severe type.

Tremors themselves are differentiated according to the influence of the will upon them; in one instance, the effort to overcome the tremor by force of will positively increases it and this is in such case diagnostic. Then, too, the extent of the oscillations as well as their frequency per second differs in different kinds of tremor, while the special parts involved actively, so to say, in the motion are to be considered; for it is at times difficult to decide whether, for instance, the head is in tremulous motion independently of, or is simply shaken by, the motion communicated from a tremor in the arms or the body. A sphygmograph may be used to give a graphic tracing of the tremor, the travelling slip being arranged to pass under a pencil held by or attached to the affected member. In this way variations in the rhythm and extent of the oscillations will be made apparent, but such refinement is not ordinarily necessary for diagnostic purposes. The oscillations in paralysis agitans are about five or six in a second, in senile tremor from four to six; in disseminated sclerosis the rate of oscillation decreases with the increase in the extent of its sweep, but at its beginning it may be said to be as slow as, or slower than, that of paralysis agitans; on the other hand the rate is more rapid in Basedow's disease, eight or nine, or even more in the second, and somewhere near this in chronic poisoning by alcohol and mercury and in progressive paralysis of the insane.

In testing a patient for tremor, if this is not at once evident, cause him to hold his arms out from the body with the fingers widely separated—a tremor, if present, will be thus easily seen; it may be a fine tremor, as in alcoholic cases, or coarser, as in disseminated sclerosis. Then tell the patient to keep his hands still. He may succeed in doing so, but if his endeavor only increases the extent of

the oscillation you have one diagnostic point in favor of the disease last mentioned. If in doubt as to the existence of a tremor, with his arms in the same position, have the patient hyper-extend the hands, the fingers being still widely separated. If there is any tremor at all, it will then appear. An examination of the patient's handwriting will show, in its shaky, quavering character, most observable in the early stages in the up-strokes, the existence of a tremor when it cannot be brought out by the ordinary way of testing. A rather severe test is to make the patient thread a needle; the test is too severe for clinical purposes unless employed on individuals accustomed to the use of the needle; so, too, the test of handwriting is too severe for those who write but little or who work at hard labor.

Now, let us examine our patient. As I turn him around you notice that his position in standing is peculiar. The trunk is inclined forward and the lower limbs are bent at the knees so that a side view of him gives two well-defined angles, one at the hip and one at the knee. The head is inclined forward and there is more or less of an angle at the neck. The arms are also held in a peculiar way. You see that the elbows are close to the body and backward and the forearms flexed, while the hand is in the position of holding a pen for writing. This picture, as it now appears to you, is diagnostic, the tremor is not, for cases have been reported in which the disease known as paralysis agitans, which this patient has, has existed without any tremor. Do not, then, be misled into basing a diagnosis simply upon the presence or absence of tremor if paralysis agitans is in question.

Observing the tremor which this patient has, you see it is not like the tremor from cold or from over-exertion. His head is shaking, so are his arms, so, too, are the forearms and the hands and the fingers. The tremor of the lower limbs is only slightly apparent as he stands. The tremor of the finger and thumb being independent, gives in connection with the peculiar position of the latter a special motion to the thumb and forefinger, precisely that of rolling a pill or a strip of paper. Charcot has devised a neat test for the independent tremors of the fingers. A hollow rubber ball, having one hole, is furnished with a glass tube inserted into the latter. The ball and tube are so filled with colored water that the column of water rises in the latter to some distance above the surface of the ball. Now, it is plain that if such a ball be placed in the hand the column of water will vary in height with the altering pressure made



upon it by the fingers, while if the hand move simply as a whole there would be no alteration in the height of the column.

Paralysis agitans is classed by German and French writers among the rare diseases, but it seems to be more frequently seen in England than on the continent of Europe. In this country it is not a rarity, at least in the large cities. I see three or four cases a year in the streets, excluding cases in private or dispensary practice. It is usually observed in individuals between 40 and 60 years old, and oftener in those whose lives have been harassed by privation and toil. The first manifestation of the affection is in most cases the shaking of one hand, most frequently the right. Next, after a variable period, the arm and then the leg of the same side, and afterward the arm and leg of the other side. The head is not usually affected by an independent tremor, but Charcot's view that this never occurs in paralysis agitans is disproved by more recent observations.

The tremor is almost continual except in the early stages when it can be stopped by an effort of the will, and in the beginning of muscular effort, but such effort does not increase it. Mental excitement or the consciousness of being noticed is apt to increase the tremor. During bodily and mental rest the oscillations diminish, and during sleep they cease entirely, as a rule, there being exceptions, but even here the shaking is notably lessened.

The peculiar position of the body when standing is dependent upon what is termed muscular rigidity. This you have seen exemplified in our patient, but I am not sure that there is an active rigidity of muscles involved, I am not sure that the contractions are anything more than physiological in the presence of degenerated or atrophic opponents. In a very interesting essay on a rheumatismal form of paralysis agitans, Dr. Vesselle\* reports two autopsies, one being a case of Teissier, the other of Pierret, both professors in the medical school at Lyons. In the first, the muscles, particularly the sacrolumbar masses, those of the back and of the back of the neck, and the extensors of the fingers, presented to the eye a pale yellow color and a lardaceous appearance. This coloration, which was uniform in certain muscles of the neck and the back, appeared elsewhere in small spots. The consistency was firm and elastic, the muscles quivering somewhat under the knife. Upon closer examination the muscular fibres were seen to have undergone a fibrous transformation into connective tissue hyperplasia, the alteration being quite

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\* Thèse, par Ferdinand Vesselle, Lyon, 1881.

analogous to that observed in pseudo-hypertrophic paralysis. In fact, there was a real cirrhosis of the muscle, beginning in isolated spots.

In the second case, the muscles at first sight appeared normal, but upon closer examination it was found that in different muscles of the forearm a certain number of fibres had undergone the same transformation. Joffroy has also made an autopsy upon a case of paralysis agitans and found in the muscular tissue similar alterations. Pierret thinks that the presence of a series of islets of fibrous tissue developed in the belly of a muscle at the expense of the muscular fibre or of its investing sheath causes a state of irregular tension in the remaining healthy fascicles and thus favors, perhaps, the production of tremor.

Now, in the first case cited, the condition of degeneration in the muscular fibres of the back and back of the neck gives a ready explanation of the contraction of the anterior muscles, and possibly a similar condition existed in the glutei maximi and other posterior extensors. The unopposed or weakly opposed action of the anterior muscles of the trunk and neck gives also a more perfect explanation of the condition so constantly found in paralysis agitans, known as "festination"; that is, the patient when walking has to go faster and faster to keep from falling, and finally has to fetch up against some projecting body, such as a door-post, tree, etc., and then he makes a fresh start. Our patient says that he finds this to be the case with him. The explanation usually given is that the patient's centre of gravity is in front of the middle line by reason of his bent position and that he has to go faster and faster to keep near it; in other words, he is said to run after his centre of gravity. This is undoubtedly true, but I think the stronger action of the anterior muscles of the trunk and neck tends to keep pulling his body more and more forward and so to throw still further in advance his centre of gravity. The difficulty of keeping an equilibrium by man in his upright position is overcome by the early education of his muscles, as I have already stated in the lecture on the ataxias, and, from what you have heard to-day, you can readily understand that in paralysis agitans there is necessarily a tendency to fall forward. This is called "propulsion," and a slight push will, in many cases, be sufficient to cause the patient to fall forward. An analogous tendency in a backward direction is sometimes seen, and is called "retropulsion," while occasionally there is a tendency to walk backward, when pushed from the front, in spite of all efforts to the contrary.



The motions of the trunk are characterized by slowness and rigidity, and, indeed, there is a subjective sensation of rigidity most apparent to the patient on beginning to move.

The bent position of the trunk upon the thighs, of the legs upon the latter, of the head upon the trunk, and of the arms at the elbows depend upon the law of development which, as I told you in the lecture upon the paralyzes, I believe determines, either *ab ovo* or by use, greater nutrition or better innervation of the flexor muscles than of the extensors. The same holds good of the fingers, and at this moment I can think of only one exception, the extensors of the forearm which, in this disease, hold the hand in the position of slight hyper-extension.

Of the course of the disease it is not my purpose to speak to-day. Of its nature I may say it is at present unknown, but from the autopsies already cited we have some reason for thinking it to be a disease of the muscles. Indeed, Strümpell broaches the question whether instead of its being an affection of the nervous system it may not be rather a purely muscular one. But even if so we must look for the origin of the disorder to those parts of the nervous system that preside over nutritional and trophic changes in the muscles.

It may be, that, after all that has been written upon the pathology of paralysis agitans, more careful investigation of the muscles themselves will lead to the view that the disease, as far as its clinical features are concerned, is the outcome of a disseminated sclerosis of the muscles, more pronounced or more extensive in the flexors than in their opponents.

Closely allied in some of its clinical aspects to paralysis agitans is what is known as senile tremor. This condition comes on after the sixtieth year, paralysis agitans usually before that period; this begins in the head, that elsewhere and indeed in perhaps a majority of the cases does not affect the head; this has no muscular weakness more than might be expected in old age and has no rigidity, that has both; in this the fingers move as part of the hand, in that the fingers move independently of the hand and of each other. The advanced age of the patient, the absence of the characteristic position of the body in standing or of rigidity, a fine tremor, will with the points just indicated distinguish senile tremor clinically.

For a long time what we now know as multiple sclerosis of the spinal cord and brain was included under the term paralysis agitans, and it is only within recent years that the distinction between the two diseases has been made. In the light of our present knowledge it

seems surprising that the two should ever have been confused, one with the other. Still, a little thought will enable us to understand that, if paralysis agitans is really an insular sclerosis of the muscular tissue, a similar affection, insular sclerosis of the central nervous tissues, might give rise to somewhat similar symptoms. In the first instance innervation to the muscles might be perfect, yet the invaded fascicles could not respond or could only respond imperfectly to the impulse sent to them, and this whether the impulse was what we know as voluntary or unconscious and automatic, as in holding the body upright; while, if the central nervous organs, the brain, the cord, and the connecting tracts between these and the great ganglia at the base of the brain, are invaded by a disease whose pathological feature is the presence of islets of sclerosis throughout these structures, the innervation itself would be at fault, and deficient impulse in one direction or a virtual increase of innervation in another might explain, in part at least, the special form of tremor observed in the latter disease. Such in fact is the pathological condition found post-mortem in cases of disseminated sclerosis, the sclerosed patches not, however, acting so disastrously as the more complete and extensive sclerosis found in the posterior columns and the lateral columns of the cord in locomotor ataxia and lateral sclerosis respectively. In the disease known as disseminated sclerosis (of the nervous tracts and masses) the nerve fibres included in a patch of this degeneration are not all atrophied, in many the axis-cylinders are, as far as we are able to judge, intact and hence we do not find a secondary degeneration of tracts, although single fibres whose continuity has been destroyed do degenerate in the direction in which they carry impulses.

The special clinical feature of disseminated sclerosis is the peculiar tremor, peculiar in its being educed only by voluntary motion, so that in a well-marked case the patient in endeavoring to carry a cup of water to the mouth finds his intended action impeded or even frustrated by the tremor which becomes greater and greater as his effort is prolonged. He attains the end, but in the instance given only after some loss of water. Any endeavor to overcome the tremor by an act of the will only increases it, and for this reason the term "intentional tremor" is employed to designate it. If you ask the patient to touch with one of his fingers the point of one of your own, his tremor becomes more violent the more he persists in the attempt, and, if you ask him to control the excursions of the finger, his very attempts at doing so only increase them. Here, then, is the way of testing this tremor. The latter is most evident in the upper extremi-



ties, but it also exists in the head, the trunk and the lower extremities. In the lower limbs there is often muscular weakness, and if there is any considerable degree of secondary degeneration in the lateral columns there will be an exaggeration of the knee-jerk and at times an ankle clonus. The tremor is not found during rest. The musculature of the eyeballs is also very often affected by a somewhat similar condition, that is, the eyeballs are in oscillation, laterally, as a rule; I have seen one case in which the oscillation was rotatory. This condition, termed "nystagmus," is usually caused by fixing an object.

Another characteristic symptom of this disease is the so-called "scanning speech." Now, it is very curious that in both this disease and paralysis agitans there should be an affection of speech, in the latter, however, not so constantly observed. In paralysis agitans it has the quality of "festination," so that the patient when speaking starts somewhat slowly with the first few syllables and then the rest of the sentence is hurried through almost as one word. In the scanning speech of disseminated sclerosis the words are broken up almost into syllables, given out with a sort of measured enunciation and in a monotone, the whole making a very peculiar effect.

Optic-nerve atrophy occurs in some cases of disseminated sclerosis, at times preceded by optic neuritis, but the value of the symptoms is cumulative rather than diagnostic.

Disseminated sclerosis is to be differentiated from paralysis agitans, locomotor ataxia and general paresis. A typical case will not be misunderstood, but there are cases in which the diagnosis is not so easy as might be imagined from a description of the symptoms.

In disseminated sclerosis there is, in many cases, some enfeeblement of the mental powers, and there is often a condition of contentment with a corresponding placidity of the countenance; these symptoms, if accompanied by a typical difficulty in articulation and a tremor whose intentional quality is not fairly well pronounced, may render it advisable for us to reserve our diagnosis until after further development of the disorder, rather than assume the existence of beginning general paresis.

From paralysis agitans it can be distinguished usually with less difficulty. The earlier age at which it begins, in the vast majority of the cases before the thirty-fifth year—cases occurring even in childhood have been reported; the differences of tremor, the absence of the peculiar position of the body found in paralysis agitans, the opposite character in the disturbances of speech, and nystagmus, if

present—these, or a majority of them, will serve as guiding points in the diagnosis.

It will be readily understood that an increase in the number of islets of sclerosis in the cord will give rise to symptoms of spastic spinal paralysis, or of amyotrophic lateral sclerosis, or of locomotor ataxia, or of bulbar paralysis, according as the preponderance of these islets is in the lateral columns, in the anterior gray horns or in the posterior columns, or in the pons and medulla oblongata. These conditions are virtual instances of the diseases named but are not essentially such, in that their existence is not due to a “system-degeneration.” Prolonged study and repeated observation may be needed to decide as to the real state of the case. Basedow’s disease usually exhibits a tremor, so often in fact that it is one of the diagnostic symptoms, which as you know are accelerated action of the heart with increased pulsation in the large vessels, enlargement of the thyroid gland, protrusion of the eyeballs—and tremor. Now, any one of these symptoms may be absent, the accelerated action of the heart most rarely so. The tremor here is variable; it is usually increased by muscular effort, is more rapid than the tremor of paralysis agitans and has wider oscillations, sometimes jerky in character, and is at times the first symptom of the disease. As it may be considered an integer in the complex of symptoms, and as we do not know the pathology of the disease, we may dismiss the latter from any further consideration. The tremor may affect the whole body, or the limbs or only one of them; if the arm is affected in independent tremor, the fingers move as part of the hand. Judging from my own observation, the tremor in this disease is very similar to that observed in early stages of convalescence after exhausting diseases such as typhoid, and I think it may be in direct connection with the anæmia of Basedow’s disease.

Among the toxic tremors the most common is tremor alcoholicus; it is observed in cases of chronic alcoholism. It is a fine tremor; begins usually in the hands and extends thence to the arms and legs, and finally the whole body may shake. The lips and tongue are frequently involved, even when the body as a whole is not affected. It is worse in the morning, and when fasting, and perhaps only then, and is lessened or abolished temporarily after a dose of alcohol.

Tremor mercurialis is found in cases of chronic poisoning by mercury in those who work with this metal or its soluble preparations. It begins in the arms, tongue and face, and at first is only evident on voluntary motion, so that it may in some degree remind us, at this



period, of disseminated sclerosis. Later the tremor extends and becomes continuous, and then it resembles that of paralysis agitans. Speech is said to be markedly affected; it is described as hesitating or stammering. The condition may be distinguished from disseminated sclerosis by the presence of some gastro-intestinal irritation, by the absence of the monotonous scanning quality of the speech, and by the lesser range of the oscillations in the tremor. From paralysis agitans, the quality of the tremor and speech, as well as the absence of the peculiar position of the body in standing, are sufficient for differentiation.

Lead poisoning sometimes, in old cases, causes a tremor. It is most noticeable on attempting motion, especially with the arms. I have only observed it as a coarse jerky tremor of the affected limbs during an effort at muscular action involving the paralyzed muscles. Some observers have found it to be a fine tremor, in some cases like the senile tremor, in others like that of paralysis agitans. The presence of the lead-line on the gums and of lead in the urine ought to settle the diagnosis even if paralysis is absent. In hysteria tremor is found in cases of hysterical paralysis and contracture. This tremor comes on in attacks without any assignable cause, or it may be produced by mental excitement or muscular action. In the latter case it does not begin at once, but only after some moments. It is a fine tremor, but varies in rhythm and extent of oscillation. Like many other hysterical symptoms it is increased or even educed by drawing the patient's attention to it, and it frequently disappears when the patient's mind is diverted to some other object.

Cases of tremor have been reported in individuals apparently in good health, and what has been termed hereditary tremor has been observed in several members of the same family. Such cases must be studied singly and kept under observation for some time, a diagnosis being made through exclusion.

Tremor from poisoning by tobacco is seen at times. It is usually in those engaged in handling tobacco in manufactories. It resembles in many respects the tremor of chronic alcoholism, but its cause can be readily discovered.

The tremor of general paresis is limited for the most part to the muscles of the lips and immediate neighborhood. It is noticed when the patient is speaking; during emotional states it becomes ataxic, and then the patient exaggerates into grimaces the ordinary mimetic play of the features. Some tremor exists in the hands, evidenced best by the wavy handwriting; later, this, too, becomes ataxic. The

tongue also is involved, but the speech differs from that of paralysis agitans and of ataxia; the speech is thick, especially in the enunciation of literal sounds formed by the action of the tip of the tongue, the tongue stumbling as it were over them. More extensive tremor than the foregoing has been observed, in some cases resembling that of paralysis agitans, and again that of disseminated sclerosis.

After a hemiplegia various motor disorders have been observed. In some cases choreic, jerky movements in the limbs of the paralyzed side, in others more regular, continuous motions of extension, flexion and rotation of a limb and its parts (athetosis), and, again, simple tremor. Such motions are supposed to result when the posterior portion of the posterior limb of the internal capsule or the optic thalamus has been implicated in the lesion. On the other hand, cases have been reported in which a hemiplegia occurred in a patient already suffering with paralysis agitans, with the result of entirely abolishing the tremor on the paralyzed side.

Prehemiplegic motor symptoms are rare and take the form of hemichorea.

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## CHANGES IN THE FORM AND POSITION OF THE UTERUS. TREATMENT—EXTRA-MEDICINAL.

BY O. S. RUNNELS, M.D., INDIANAPOLIS, INDIANA.

(Read before the American Institute of Homeopathy, June 28, 1888.)

THE object of this paper is to outline those measures in the treatment of uterine malformation and displacement which lie outside of the scope of medicinal therapeutics; to deal with those elements of the problem which in the very nature of things cannot be amenable to medicines alone, and thus, by exclusion, to render more distinct the legitimate range of drug administration.

### I. MEASURES PREVENTIVE.

The mature virgin uterus has a normal weight of but little more than one ounce. It has a long diameter of about two and a half inches, and a transverse of about an inch. It has a body, and such well-proportioned, an os and canal sufficiently patulous, and stands slightly ante-flexed about three and a half inches from the vulval opening at an angle of about 45° with the spinal column.

Such a uterus, during its functional life will menstruate easily, conceive readily and acquit itself creditably in all the maternal emergencies; and any deviation from these conditions is fraught with



embarrassment. This is the physiological standard, departures from which make the substratum out of which grow all the ills that the female is exclusively heir to.

The earliest deviation from this perfect structure is due to *the errors of development* to which the rapidly growing girl is peculiarly liable.

The sexual organs at puberty are found to be immature. The mammæ are either wholly wanting or have been so cramped in their unfolding as to be forever useless as fountains of life.

Ovaries, tubes, and uterus are still child-like, diminutive. The whole of the uterus may be too small, or the dwarfed condition may be limited to the cervix—which is out of proportion to the body. The os is unduly restricted, perhaps to the size of a pinhole; and the canal is narrowed or stenosed. Such a uterus is not fully grown, and is incapable of doing the work of a finished organization. It is the so-called “Infantile Uterus;” and is inadequate for the performances to be required of it.

To the possessor of such organs menstruation must be a difficulty, conception a perplexity, and parturition a catastrophe.

In all such cases nutriment has been withheld; the building material, through the blood-current, has failed to reach its destination; nerve-centres have witnessed the disregard of their commands—if, indeed, they themselves have not become too feeble to utter them—and the organs of special development have consequently been *starved*.

Consider next: *The errors after development* to which the woman is prone.

In spite of the influences above cited the sexual organs may become matured and prepared to act well their parts in the programme of life. But wide-spread treason is hatched against them; impediments are imposed upon them and they are denied their legitimate exercise. From the dawn of their awakened life to its tired close they are wantonly sinned against. Their ability to furnish sensations of delight is drawn upon regardlessly and, in the present civilization, the growing tendency is to use them only for that purpose.

Thus from rights denied, from abusive use and destructive interference with normal functions, congestion is maintained, weakness engendered and disease established. In every case of perverted function a cause has preceded—there has been an antecedent to every consequent. This leads to the conclusion that the prophylaxis of female disorders is the greatest work assigned the gynæcologist. Therefore, inquire further. Just how have the generative organs of

woman been dwarfed or rendered incompetent? What influences have been operative to thwart the execution of their functions? Why is there such wide-spread, almost universal, sexual disqualification among modern women? For such degeneracy is not a natural endowment. It is in fact but a comparatively recent acquisition. The saying, that the healthy woman must be searched for, has not for many decades been current. In one short generation a special department in medicine has been demanded for her treatment. Not a doubt exists but that womankind is to-day making the worst exhibition of physical inability and frailty that the world has ever witnessed. Fewer capable mothers are to be found than formerly; and disability, general and special, is rapidly becoming the password of the sex.

All of this argues that there is a growing disregard of fundamental principles. Much is due, no doubt, to hereditary endowment, but by far the greater part in each case is post-natal acquirement. A worthy physical inheritance is a thing to be earnestly coveted, and all parents should see to it that the hereditary incubus is eradicated before they beget children. But following this; the life in the home, the school and society, should receive a more rigid scrutiny than it has hitherto had. Better attention must be given to rules of correct living in all that pertains to the sustenance, development and preservation of—particularly, the female body. Intelligence, like light, must be shed abroad touching all her organic functions, in order that the right may be followed at all times. The indulgences of life must conform to physiological demand. The menstruating girl must be treated as such; and not be put into the treadmill of school and other life as if she was not a periodical being. Precocious brains must not be further developed at the expense of special organs that are lagging for want of nutriment thus diverted from them. During her special seasons all endeavor to emulate her unfettered male companions in intellectual pursuits should be emphatically countermanded. She should be faithfully guarded against every influence that can embarrass her sexual abilities. Thorough knowledge touching the physical life of woman must be inculcated, and woman must not refuse to be guided by that teaching. *Woman must be woman.* Every effort to disregard the import of her special organization is filled with peril. The modern notion that she must equal or excel man in the masculine employments or be counted an inferior, must be antagonized at the onset and forever. It is a false issue and every fact of her being condemns it. The Creator's design cannot be re-



versed. The fiat has gone forth, and by no possibility can the status be changed.

Woman's primary mission in this world is *motherhood*; and the sooner that sphere is loyally accepted, the better for all. Refusal to perform this errand is treachery to God's command. It is loaded with the heaviest penalties; for it leads straight to the extinction of the race. The reproduction of our kind must no longer be considered as a thing low and unpopular—to be evaded at all hazards. The spirit of infanticide must die. Motherhood, the crowning glory of woman, must be made to rank as the chief accomplishment of female life. Every member of the sex must be provided with the disposition and the physical ability to perform it, whether she is ever permitted by her circumstances, to realize it or not. From the dawn of her existence to its fulfilment, her culture should be arranged with the object of making the best mother of her possible. Every kind of training that tends to cripple this ability and thus virtually to unsex her, must be relegated to the shades from whence it originated. Harvard Annexes, Conservatories of Music, and so-called "Schools of Advanced Culture," must take position in the rear ranks till the women of America can reverse their physical record; can demonstrate their competency to bear children easily and safely, to rear them from their own breasts and to take their places again in society erect and well.

The nursing-bottle and the thousand-and-one baby-foods must go. There must be put into the minds and bodies of women more knowledge and force of the practical kind. They must be trained primarily for that supreme service of their lives—which nobody can render for them, but which, perforce, they must execute for themselves—rather than into that "finished education" which can be of no service to them in their life-trials, and which may prove in very truth the "finish" of, alas, how many of them!

I do not advocate less culture but better, far better.

In the great services of the home and in those emergencies requiring the possession of the finest physical ability, it matters little whether the mother has been trained to speak with tongues, to execute a sonata, to paint like a Raphael, or to make a stump-speech. These things count for but little—can be rated at something like their relative value—when doctors are counselling how they may yet save a life which these have jeopardized, and which, by the possession and honest exercise of a little practical knowledge, would never have been menaced.

## II. MEASURES REPARATIVE.

If the foregoing course could be pursued and all flesh brought under the sway of natural law, the work of the *mender*, in a few generations would be gone, processes of repair would be uncalled for. But such a desideratum is far from fulfilment. It is apparent that for ages yet to come, the promotion of sexual cripples will be continued and the services of the gynæcologist will be demanded. First needing help are the deformities incident to embarrassed nutrition in foetal and early life. The orthopedist knows full well how prevalent are cases of infantile paralysis, deformed limbs and checked growths; and the gynæcologist can bear witness that nowhere are such expressions more abundant than in the female pelvis.

Not only is the bony wall often found to be an abortion as to its intent, the pelvic diameters being such as to forbid foetal passage, but the soft parts also have such deviation from normal anatomy as to render them partially or wholly useless. Ocluded vagina, double vagina, atresia vaginæ, the double uterus and the infantile uterus, are instances of this delayed or perverted development. While some of these conditions are so pronounced as to demand early attention, others are so hidden as to escape timely notice. It is to one of the members of the latter class that I wish to call your especial attention. The infantile or illy-developed uterus, I am convinced, is the chief source of female difficulty, and will account for the major part of the mal-performances with which we have to contend. Studying the problem from this standpoint, we can the more readily explain the etiology of flexions, painful and lacking menses, sterility, and many of the difficulties of gestation and parturition, and particularly the lacerations incident to the latter.

If, as before pointed out, the atrophy of the uterus be general, involving the whole organ, little can be expected of it in a functional way; capable of making but feeble, perhaps painful, attempts in that direction, it will never be apt to essay the maturer work of procreation. If, however, the body of the uterus be well developed while the cervix remains infantile, or *vice versa*, the conditions are favorable for the development of almost any discord known to gynæcology. It is not sufficiently recognized that the uterine body and cervix are really distinct organs. They have a different blood-supply, a different nerve-supply, a difference in direction and quality of muscular fibre, and a difference in the membranes which line them—the cervical being not unlike mucous membrane elsewhere found, while the corporeal, the endometrium, belongs to the so-called adenoid



tissues. Johnstone says: "The relation of the cervix to the body of the uterus is almost that of the pylorus to the stomach. It not only supports and protects the cavity from undue intrusion but retains its contents and at the proper time assists in the expulsion."

The right relation therefore of these parts in full maturity is emphatically demanded, and there can be no freedom of function without it. Full nutrition must be secured, or the atrophied cervix will flex and the stenosed and tortuous canal will serve as a dam both to ingress and egress. The arrested growth of body will be accompanied by immaturity of the endometrium, which, not progressing to the softened myeloid state of the ripened uterus, remains hard and tough, rendering it difficult for the menstrual stream to work its painful way through its interstices, and impossible for the product of conception to make placental attachment upon its non-receptive surface or to take root there if, perchance, lodgment is made.

Early detection of such arrested growth is imperative in order that steps may be taken during the growing age to supplement the deficiency. Every girl at puberty with non-developed mammæ and delayed, deranged or painful menstruation is an object of curiosity, and the subject for special attention. She should at once be put into the inquisition. Study of her habits and mode of life should be made. Books read, branches studied and music followed should pass under review and be regulated. Full information concerning her functions and the care requisite at special times should be furnished. And all this should be supplemented by the indicated medicine faithfully, and for a *sufficient time*, administered. This failing, physical examination should not be postponed. Exact conditions should be known, and measures instituted of a more direct character.

Marriage under these circumstances will be a calamity. She is ill-fitted for the assumption of any such duties; and this change in her manner of life should not be waited for or permitted until she is able to perform its functions. Procrastination, in such a dilemma, is a wicked thief of very valuable time. All mock-modesty in such an instance must yield to the interests of the life that now is. Congestions must be combated, flexions straightened, and stenoses opened up. All embarrassments must be removed and the forces of life in that region energized—quickened. In this service the uterine dilator, the intra-uterine stem and electricity must not be forgotten; and much can be accomplished by attention to proper gymnastic and open-air exercises, including horseback-riding, and appropriate food.

Owing, however, to a variety of thwarting influences, chief among

which is lack of timely attention, many cases will prove to us disappointing ; we shall be unable to restore the deficiencies.

In some of these cases of the hopelessly incurable—a small percentage of them—where menstruation has become such a burden, from uterine fibroids or other causes, as to well-nigh swamp the life-forces, and the periodical life is wholly without mission, anticipation of the change of life, by the removal of the ovaries, is demanded. Especially is this the case where tubal and ovarian disease is ineradicably established and hystero-epilepsy or some other form of the life-burdening neuroses is unalterably fixed. In all such cases the menopause is the indicated remedy.

The changes in the *form* and *position* of the uterus encountered in those who have reached development and for varying periods have made good physical records—I mean the lapses from the normal state so frequently met with as areolar hyperplasia—subinvolution, and the various flexions and prolapses of adult life, must be studied and treated in like manner. Invariably there must be removal of the “*causa occasionalis*” and the restoration of tone through a perfect blood-supply.

And the indicated remedy is that agent which will the most quickly and satisfactorily accomplish this result, whether it be a well-proven drug, electricity, a mechanical appliance, or the surgeon’s knife.

### CONJUNCTIVITIS VERNALIS.

BY GEORGE S. NORTON, M.D., NEW YORK.

(Read before the American Institute of Homœopathy, June 27, 1888.)

EVEN as of late years hay-fever seems to have become more prevalent, so the vernal form of conjunctivitis, which in many respects resembles the former, has become less rare. Still it is classed by most writers among the rare varieties of conjunctivitis and by many it is even ignored entirely. The most comprehensive descriptions of the disease which I have been able to find are by Arlt\* and Saemisch,† with perhaps the exception of Inaugural Dissertations by Carl Brockhaus‡ and by Ulrich Vetsch.§

“Spring catarrh,” as it is frequently called, commences with the usual symptoms of simple catarrhal conjunctivitis, moderate injection

\* Clinical Studies of Diseases of the Eye, Translation, 1885.

† Handbuch der Gesammten Augenheilkunde, 1876.

‡ “Ueber den Frühjahrskatarrh der Conjunctiva,” 1872.

§ “Ueber den Frühjahrskatarrh,” 1879.



of the conjunctiva, weakness of the eyes, itching, smarting, burning and sometimes pain, photophobia, lachrymation and little secretion. These symptoms remain more or less marked for weeks, according as the weather is warm or cold, being much worse when it is hot and better when it is cold. After a longer or shorter duration of this stage, the characteristic change in the limbus corneæ makes its appearance. This consists of a light yellow-red elevation at the border of the cornea, which may be continuous or more nodular, irregular in its situation. The German writers speak of it as being more marked at the nasal and temporal sides of the cornea, but in this country I have seen it fully as frequently above as at either side. It sometimes simulates a phlyctenular form of conjunctivitis, like a row of fine pustules around the border of the cornea; but a careful inspection shows that the elevation is thick, vascular and solid, encroaching somewhat upon the edges of the cornea, though sharply divided from its transparent area, and that it does not tend to ulcerate; the whole ocular conjunctiva is more or less injected, but has a pale red, swollen appearance as found in the chronic forms of conjunctivitis, and not the bright redness of acute inflammation.

The palpebral conjunctiva also presents well-marked changes. At first there is simply the injection of catarrhal conjunctivitis. Later the retrotarsal fold, above and below, becomes swollen, cloudy, of a grayish-yellow or yellowish-red color, often with mucous flakes between the folds, or a thin layer of secretion over the whole surface. The tarsal portion is never involved early, but later the papillæ become enlarged, flattened and crowded together. In this stage it is often mistaken for trachoma and treated accordingly. When the palpebral conjunctiva becomes thus involved the muco-purulent secretion is more pronounced, sufficient to agglutinate the lids in the morning, and in the majority of cases the patient will complain of considerable photophobia, with lachrymation, itching, smarting and burning of the eyes.

The most important characteristics of vernal conjunctivitis are its times of appearance, its course and typical recurrence. It always begins in the spring, usually in March or April, as soon as the weather becomes warm. I have, however, seen it in one case as early as February, and again we occasionally find it first manifesting itself in May or June. Damp or rainy weather does not seem to particularly influence its progress, but on hot days it is always aggravated, while on cool days it is always better. It thus continues gradually growing worse until midsummer; after which it slowly improves until the cool weather in October or November, when it entirely dis-

appears and the eyes remain perfectly well through the winter. As soon as spring again comes, a recurrence of the above symptoms takes place. Thus it continues year after year; sometimes growing worse at each relapse and again becoming milder. In one case which came under my care it had recurred for twenty years. The disease almost invariably affects both eyes, though often in a different degree. It is also almost exclusively found in childhood or youth, though I have seen it in one patient over thirty years of age. It does not seem to be dependent upon any constitutional disturbance, nor upon any local disease of the eye.

According to Arlt, supported by Vetsch, the microscopical examination shows, "great masses of epithelial proliferation, a granular surface of stroma, which shows a slight and varying infiltration with round cells, and abundant proliferation of connective tissue, and in the granulations of the limbus numerous vessels at the time of exacerbation; otherwise, and especially in the tarsal conjunctiva, diminution of the vascularity. The epithelial proliferation is probably the primary change."

The prognosis is good and it is very rare for any permanent changes in the cornea, conjunctiva or lids to be left behind.

*Treatment.*—The use of strong astringents or caustics only tends to aggravate the inflammation. Thus it is very important that this form of conjunctivitis be recognized and not treated as a catarrhal, phlyctenular, or granular variety. No local application, with the exception of warm or cold water, as is most agreeable to the patient, should usually be employed in the acute stage of the disease, and even in any stage the advantages derived from local applications are questionable.

Ice or iced cloths may be of service if the inflammation is particularly active, with much redness, heat and burning.

The biborate of soda and camphor water (Dj-3iij) occasionally gives temporary relief, and may aid in the cure when the acute symptoms have subsided, the redness becomes dull and the discharge moderate.

The chief reliance must, however, be placed upon internal medication, and the two remedies upon which I depend more than any others are *sepia* and *nux vom.*

*Sepia.*—An examination of the provings of this drug will reveal nearly all the symptoms of the disease; the redness of the conjunctiva, the lachrymation, the discharge agglutinating the lids in the morning, the subjective symptoms of itching, smarting, burning, heat, pressure, etc. The time of *aggravation, morning and evening*, is, I



consider, the most important characteristic indication. In the middle of the day the eyes usually feel more comfortable when sepia is called for. The aggravation of eye-symptoms in hot weather should always suggest this drug. The stomach and other general symptoms of sepia will generally be present.

*Nux vom.*—The objective appearances do not materially differ from those of sepia. The nux patient, however, is much worse in the morning and better the remainder of the day and evening. The photophobia is also more marked in the morning and the characteristic gastric indications will be found.

*Aconite* may be of service in the acute stage if there are much redness, heat, burning and dryness.

*Argent. nitr.* or *puls.*, when the discharge is more profuse and bland. *Arsen.*, *euphras.*, or *merc.*, if the discharge becomes excoriating. *Rhus tox.* if the lachrymation is profuse. *Sulph.* in the last stages, if the patient complains of sticking pains in the eyes.

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#### DERMATOLOGICAL NOTES.

BY EDWARD M. GRAMM, M.D., PHILADELPHIA.

CASE I. *Eczema*.—A female child, æt. five months, was brought to the dispensary on April 26th, with the following history: When four days old, the skin of the genito-crural and anal region became red and angry-looking, without being infiltrated, but oozing a watery fluid. This condition persisted in varying degrees until a few weeks ago, when it spread upon the buttocks and thighs and the labia majora became reddened and swollen. On examination, the skin of the affected region was found infiltrated, with a tendency to the development of small vesicles which ruptured and formed yellowish crusts at the outer edges of the patches. The central portions presented the typical appearance of *eczema rubrum*, the skin having an angry look with pin-head sized spots that seemed as if they were on the point of bleeding. Profuse oozing of a watery fluid was a constant symptom; and a little in advance of the reddish blush, papules could be seen in the healthy skin.

Since about a month previous, redness, oozing and infiltration had developed in the folds of skin at the front of the neck.

In general appearance, she resembled a *calcareæ* case, without its other symptoms. *Hepar* was decided upon as the remedy to be employed.

She was seen again on May 4th, when a decided amelioration of her condition was apparent. The parts affected were less infiltrated

and paler, the oozing was less and the eczema of the neck was disappearing. *Ry. Hepar.*

Two weeks later only a slight redness was noticeable, and she was discharged with the admonition that her mother return with her if any recurrence should be noticed. *Ry. Sac. lac.*

CASE II. *Eczema barbæ*.—On April 14th, James H., æt. 52, presented himself for treatment for an eruption on the left cheek, some in the beard and some anterior to it. It was of a dusky red color and was studded with a number of papules in various stages of evolution and involution, which generally terminated in desquamation, although some of them developed into pustules. On scratching, a slight, watery oozing was produced, and there was much itching. The disease had existed since last fall, although he had had a similar eruption in the same locality fifteen or twenty years ago. He is exposed to the fumes of burning sulphur several hours each day.

A diagnosis of eczema was made, and *mercurius* was given to antidote the sulphur fumes.

After the lapse of a week, he returned and reported that the itching had become much more severe. No change could be seen in the eruption. *Ry. Mercur. 30.*

Nine days later the eruption was *in statu quo*, the itching very severe and markedly aggravated after washing. *Ry. Arsen. iodat. 6.*

He continued under the action of the iodide of arsenic for a month, during which time the eruption decreased to an area about the size of a quarter-dollar, became paler, and no new papules developed. He was discharged on May 26th, having but a slight pigmentation of the skin at the site of the eruption.

CASE III. *Erythema auris*.—Mrs. P., æt. 70, noticed that five days before presenting herself, a reddish blush appeared on her right ear, involving the skin of the whole of the external ear and some of the neighboring parts (temple and mastoid region). The ear felt stiff, was of a pale-red color, and in it she experienced soreness and severe sticking sensations. She had slightly increased thirst, but felt well in every other way. There were no prodromata.

The disease was diagnosed erythema and *apis 6* administered.

Two days later she returned and reported herself free from all subjective discomfort, while the skin of the ear was looser and more natural in color. *Ry. Apis 30.*

Eight days later she reported again, the ear having regained its normal condition. *Ry. Apis 30.*

CASE IV. *Erysipelas*.—Mrs. M., æt. 60, three days before her first visit noticed a creepy chilliness, slight squeamishness in the



stomach and general malaise; her tongue felt dry and her appetite was less than usual. The next day the skin in the region of the left malar bone and below it felt stiff and became affected with a soreness and stinging. Its color changed to a dull red, and it became boggy and infiltrated, seeming to spread a little each day. When she was first seen, the affected area had a diameter of about three inches.

She could not sleep well, and said she felt sick all over.

*Rhus tox.* 12 was prescribed, and she was ordered to report the next day, which she did. The eruption was then found not to have spread any, her general feelings seemed slightly improved and she had been able to sleep the most of the night.

Improvement being satisfactory, in order to give the *rhus* an opportunity to act, *sac. lac.* was prescribed and she was told to come again the following day. On her return the eruption was decidedly better and she felt better generally. *Rx. Sac. lac.*

Two days later she was again seen, when the eruption was disappearing rapidly. At that time she felt as well as ever. *Rx. Sac. lac.*

CASE V. *Purpura rheumatica*.—Mrs. H., æt. 43, presented herself for treatment with the following history. On the outer side of the right leg she had a dusky red, desquamating eruption for a number of years, the lesions being from one-fourth to three-fourths of an inch in diameter, with a tendency to coalesce here and there. The scales are thin, not adherent, and a watery oozing occurs when they are removed. It itches when it is exposed to the air. This eruption was diagnosed as *eczema cruris*.

In addition, there was an eruption which had appeared during the week previous to the time of her first visit and was located on both legs, occupying the whole surface indiscriminately and presented a peculiar symmetry or linear grouping that can hardly be clearly expressed. Its appearance was preceded by a feeling as though her old rheumatism was returning, manifested by general malaise and a severe aching in the ankles, knees and wrists. It consisted of reddish spots which were not elevated, seemed to be deeply situated when they appeared, and the redness was circumscribed in a circular manner and had a diameter of about one-thirty-second of an inch, increasing slightly during the next twenty-four hours in rare cases. On close examination, a minute spot could be detected in the centre of these hæmorrhagic areas (for such they were; they did not become paler on pressure), which was the lumen of the follicle in or around which the hæmorrhage took place.

The character of the symptoms preceding and accompanying the attack led to the diagnosis of *purpura rheumatica*.

*Ruta* 3 was prescribed for her and rest in a horizontal position enjoined.

Five days after her first visit she reported that the pains and her general bad feelings were much improved. There were no new lesions, and the larger of the old ones were changing to a darker color, a blackish-blue or greenish-blue, such as is seen in a bruise.  
Ry. *Ruta* 3.

From this time until the twenty-first day after her first visit, the hæmorrhages were gradually absorbed, her general symptoms disappearing.

On the twenty-sixth day after her first visit, she reported having been wet by rain, which caused a reappearance of the rheumatic pains with characteristic *rhus tox.* indications. *Ruta* was discontinued and *rhus tox.* administered.

After six weeks' use of the latter remedy, the old (eczematous) eruption had decreased one-half, and all itching had disappeared, as had also the rheumatic pains.

This case is interesting on account of the small size of the lesions, their localization in the follicles and the prompt disappearance of the painful symptoms.

Duhring states that in purpura rheumatica, called also peliosis rheumatica, the lesions vary in size from that of a split pea to that of a finger-nail, and that the attack is accompanied by marked constitutional symptoms throughout.

CASE VI. *Seborrhœa*.—The last case I wish to report is one which is of value on account of the adjuvants rather than the medicines that were required to cure it; and, also, because cases are now and then met with in which internal medication is given the credit of curing the condition, when external measures alone would (and probably did) produce the result.

Louisa, æt. 11 weeks, was brought for treatment with a dirty, pale-yellow crust on the top of the head, extending from where the anterior border of the hair should have been to the posterior fontanelle. The crust was divided into small, irregularly shaped, quadrilateral divisions by cracks in it. Her health was perfect, with the exception of frequent vomiting of milk. There was no redness of the skin around the crust, and beneath it the skin was not thickened but slightly congested. The vomiting was ascertained to be due to the fact of the mother nursing her whenever she cried, and was rapidly controlled by a regular system of feeding and the internal administration of *nux vom.* 6 and, later, the 30th.

The mother was directed to anoint the crust with olive oil until it



would absorb no more and then wash the child's scalp with warm water and some good soap. This process was to be repeated daily until all of the crust had been removed without force.

On her return a week later, all of the crusts were gone, and the condition did not recur. *Sulph.* 30 was then prescribed for a very faint redness and desquamation on the forehead.

In obstinate cases of this form of infantile seborrhœa, it may be necessary to apply a dusting-powder of corn-starch or rye flour to the scalp after washing, to absorb any sebaceous matter that may exude from follicles which remain patulous.

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## TRANSLATIONS.

### THE EPIDEMIC MODE OF CURE IN RELATION TO HOMŒOPATHY.

BY DR. LEESER, IN RHEYDT.

Translated from the *Allgemeine Homöopathische Zeitung*, by S. Lilienthal, M.D.,  
San Francisco, Cal.

(Continued from the September number, page 577.)

I may be allowed here to look somewhat into the question of dose. Some physicians will use only the very highest potencies; others have confidence only in the very low ones, while still others disapprove of this exclusiveness and use the whole series from the mother tincture to the two hundredth and even to the thousandth potency. Some affirm that for certain diseases low potencies, and for others, exclusively high potencies are indicated; that some drugs act better in low dilutions and others in high ones, when after all, the selection of the similimum is the chief factor which acts in the thirtieth and two-hundredth qualitatively just like the first, only the quantity, *i.e.*, the intensity of action differs according to different remedies and individualities. When we prescribe only a simile, we can expect little or nothing from high potencies, because drugs differ the more in their peculiarities, the higher the potency is taken, or in other words, a far more strict individualization is necessary when we prescribe a high potency. A student or young practitioner may use low potencies, but only one well acquainted with the materia medica is able to cope with high potencies and thus prognosticate a favorable result. Hahnemann and his immediate disciples knew what they were about when they urged the use of high potencies; and it would be well if their followers were less inclined to amalgamate homœopathy with modern pathology and therapy. Let our adversaries come to us, not we to them, therein lies the only salvation of pure rational treatment. It must remain the only aim of

true disciples of Hahnemann to find in every case the similimum, in other words, the epidemic remedy. This was done in olden times, though then they knew not that the epidemic remedy was identical with the similimum. Rademacher's disciples often fail to find the epidemic remedy, because they have no law to guide them. Their method is mere empiricism. When they do find the epidemic remedy, the time for its application has often passed and another drug has taken its place. Hahnemann's similimum supplies this want.

Dr. Weihe, in Herford, experimented and studied for many years to unite harmoniously the systems of Hahnemann and of Rademacher. He bases his discoveries on "points douloureux," circumscribed spots upon the anterior surface of the body, which, on pressure with the finger, show an unusual painfulness around that point. Weihe found at first only such points on the abdomen, but soon he extended his experiments to the thorax, neck and head. Rademacher must be considered as the first discoverer of these painful spots, but Weihe showed that they stand in close relation to certain drugs. In examining for such spots the examiner ought to be seated with the patient standing before him; the right side of the abdomen should be first examined with the left hand, while the right hand supports the back of the patient. The fingers of the left hand extended and annointed, the examiner presses with the tip of the middle finger softly but firmly, different parts of that side of the abdomen towards the spinal column, by pushing simultaneously the abdominal wall a little upwards, in order that the pressure shall act on the deeper lying parts, and that the sensitiveness of the abdominal wall may not be mistaken for a painful spot. As long as one does not touch a painful spot, the abdomen feels soft and yielding, so that, especially in women, one can nearly touch the spine. As soon as a painful spot is touched, the abdominal walls contract momentarily by reflex action, the finger feels the resistance, while the patient simultaneously, in order to escape the pressure, doubles himself up. It feels as if there were a pressure on a bruised spot, as if the nail penetrated into the flesh, whereas it is only the fleshy part of the tip of the middle finger that exerts the pressure. The intensity of the pain differs according to the sensitiveness of the patient. Those of the first degree with increased sensitiveness, Weihe denominates chief points, the others as accidental ones; in the former, the pain often radiates to the intestines, to the spine and up to the neck. Most probably such painful spots correspond to



ganglia of the sympathetic. Weihe believes that they stand in close relation to certain remedies, so that the receptiveness of the organism to a drug evinces itself by the sensitiveness of the corresponding points to pressure, and that with the changing receptiveness for medicinal stimuli the painfulness of the spots also changes, and this in healthy and sick persons. As healthy as well as sick persons are subject to the change of the *genius epidemicus*, and to the change of the painful spots, Weihe thought that there must be a direct correspondence between them. Studying the works of Rademacher, Grauvogl, Latz and others, he felt inclined to side with Prof. Rapp, who acknowledged that the homœopathic materia medica becomes unwieldy and that some mode must be found to restrict it within narrower limits. He felt astonished that Rademacher has only three universalia in his system, and two of them, ferrum and natrum nitricum are also considered by Latz as arcana, who gives us seven arcana, but we miss among them Rademacher's cuprum. Weihe worked a larger armamentarium, as in our materia medica are drugs enough which earned the right to be considered among the universalia. In the *Allg. Hom. Zeitung*, Bruckner published an essay, wherein he states that apis=ferrum with nux vomica, lachesis=cuprum with nux vomica. It occurred to Weihe that there must be more of such combinations possible, and thus a reduction made. When he found the epidemic remedy, he studied out which universale it contained and by which combination it could be replaced. Thus he found by pure experiment that the then ruling drug condurango is sulphur with thuya. From the similarity of some characteristic symptoms of magnesia, which at another season was the epidemic remedy, with those of thuya he constructed by experimentation: magnesia=natrum sulph. with thuya; berberis=sulphur with a high potency of aconite. All this was before he had detected his painful spots. When his attention was led to them, the question arose whether it was possible to find for each universale decisive objective symptoms, as, *e.g.*, according to Rademacher, for ferrum the alkaline reaction of the urine. Thus he found among others, in all cases curable by natrum mur. in combination with an organ-remedy, a remarkable redness of the cheeks, and he considered, therefore, this symptom characteristic for natrum mur. He then thought, if the majority of necessary remedies can be replaced by combinations, as apis=ferrum with nux vomica, and if one succeeds in recognizing the universale contained in a drug by objective symptoms, he has only to find the organ remedy by the

aid of subjective symptoms, and of the painful spots which at that time he considered as belonging only to organ-remedies. Gradually he enlarged his combinations, as platina=cuprum with aconite; argentum=ferrum with aconite; bismuthum=silicea with aconite; plumbum=cuprum with chamomilla; stannum=ferrum with chamomilla, etc.

Thus he succeeded in eliminating a number of homœopathically proved drugs by the combination of a universale with a polychrest. The more universalia he found, the more combinations were possible. During the summer of 1875 a patient came to him for treatment; he could not decide what to prescribe. In his letter he continues: "I then began to examine his abdomen, and found that the gastric region was very sensitive to pressure, and that another sensitive point was just above the umbilicus. Thus there were two painful spots of equal degree, a fact which so far had not been observed, though I knew that *carduus marianus* has sensitiveness of liver and spleen according to Rademacher, especially of the former, and henceforth my examination for painful spots became more thorough, and often two painful spots were detected. One of my neighbors, a pregnant woman, had uterine hæmorrhage for two days. The symptoms hinted to cinchona; the liver and spleen were equally sensitive to pressure. I prescribed natrum sulph. with cinchona; the flooding ceased and never returned." Thus for years he continued his experiments and arrived finally at the conclusion that there must be more than seven universalia, and with the aid of his painful spots he finally fixed their number as twenty-four, two for the brain, natrum nitricum and acidum phosphoricum; two for the spinal cord, antimonium and cuprum; two for the heart, mercurius and natrum mur.; two for the lungs, bromium and argentum; three for the liver, sulphur, arsenicum and calcarea carb.; two for the pancreas, iodium and aurum; two for the plexus cœliacus, silicea and plumbum, and five for the genito-urinary system, platina, kali bichromicum, stannum, acetanol and ferrum. All these universalia are inorganic remedies, for which Weihe has already pointed out the painful spots. To each of these universalia he gives four organ-remedies, so that his whole armamentarium consists of twenty-four inorganic universal remedies and ninety-six organic organ remedies. For most of them he localized the corresponding painful spots. From these 120 remedies may be construed by combination 2304 remedies, as each of the twenty-four universalia may be combined with each of the ninety-six drugs, to make a therapeutical unity.



Weihe teaches furthermore that these two painful spots, found simultaneously in many persons, depend on the *genius epidemicus* and they change with the latter, hence they are the objectively demonstrable product of the action of the *genius epidemicus* upon the human organism. Empirically he then tried to find the constant relation of each painful spot to certain remedies, and after finding them, all his patients received the corresponding remedy, till new painful spots revealed a change in the *genius epidemicus*. In order to find now the similimum, we must know the relation of the different painful spots to the remedies; we then look for the two chief painful spots, of which one corresponds to a universale or inorganic remedy, and the other to an organic remedy, and the combination of the two gives us the drug containing both, and thus the epidemic remedy *pro tem*.

Suppose we find in a number of cases two ruling painful spots of which one corresponds to antimon. crudum (universale) and the other to ignatia (organ remedy), but we also know from the study of their symptoms that pulsatilla=antimonium crudum cum ignatia, is now the remedy suitable for the *genius epidemicus*. The painful spots alone do not reveal directly the epidemic remedy, this can only be done indirectly through the therapeutic equations. Such equations are so far only sixty, and while they have not yet been studied out, he combines the universale and the organ-remedy to a therapeutical unity, till the *equale* for both will be found.

We consider Weihe's epidemic method of treatment an improvement on the old method of finding the suitable homœopathic remedy, as for the many who are not well versed in their materia medica, it will be easier to find the similimum, and, for that glorious minority who have their materia medica on their finger's end, it allows them to control the remedy, chosen according to the law of similarity, already before its application and to prognosticate its sure action. We enjoy then the selection of a drug by objective and subjective methods, and feel reassured of its success. He who only prescribes according to the law of similarity, can only be guided by the subjective data of the patient and his own knowledge of the drug pathogenesis, whereas Weihe's method gives objective symptoms; the examiner does not treat solely on the dictum of the patient, whether a spot is more or less sensitive to pressure; he feels it from the reflex contractions of the muscles, from the resistance which the patient opposes to the pressure, and his subjective judgment must guide him in giving to these painful spots their true

value. But only by the combination of both methods, probabilities become less and the selection of the similitum more of a certainty, and the study and application of our materia medica reaps thus its greatest harvest. Weihe's method corresponds fully to the laws as laid down by Hahnemann, to the law of similia, to the single dose, chosen according to the individuality of the case, and it is an improvement, as the choice lies between fewer remedies.

It may be said against Weihe's method that it generalizes too much, whereas from the standpoint of homœopathy strict individualization is necessary. This objection holds good against Rademacher, but not against Weihe, who gives only to such patients the same remedy, which show the same painful spots, and who, according to the law of similars, receive their similitum, because they show the same symptoms corresponding to and characteristic of only one remedy. When at the same period of time different patients complain of tonsillar affections, articular rheumatism, headache, diarrhœa with vomiting, pneumonia, ischias, etc., and we find in all these patients painful spots hinting to veratrum, and we consult then our materia medica, we find veratrum homœopathically indicated, because then all cases will show more or less coldness of extremities, great debility, sudden prostration, faintness from slight motion, beginning or aggravation of the symptoms between 4 and 5 A.M., thirst for cold drinks, the right side especially affected, perhaps cold sweat, especially on the forehead, etc. These symptoms we must consider as the characteristic ones of the case, and all others, as those of the throat, chest, joints, etc., are only accidental and will yield to the epidemic remedy. When at the same period patients show different painful spots, they will certainly be entitled to a different remedy.

Some object to the epidemic method on account of the frequent change of remedies which might become necessary, especially as Hahnemann taught to allow the action of a remedy to exhaust itself, as long as it acts beneficially. Weihe agrees with this fully, for he continues the remedy as long as it benefits the patient, whether the *genius epidemicus* continues or changes. Whenever the former painful spots continue, though the *genius epidemicus* changed, it shows that the new *genius epidemicus* evinces no influence on that patient, and the old remedy will be continued, till critical symptoms are witnessed. As soon as these cease, a change is demanded on homœopathic principles and the physician will then also find new painful spots, which will again direct him to the now



indicated similimum. The same remedy may act for weeks or months, as long as the *genius epidemicus* remains the same, but where the latter often changes, as we see it in acute cases, the critical excretions cease under the change of the painful spots, and it might become necessary to change the remedy in order to get again critical excretions. The strictest homœopath must go over the symptoms of his patient at every visit, and it may be just as necessary to change his remedy when the change of symptoms demands it. Hahnemann and Weihe exact the similimum and strict individualization.

In a postscript the editor of the *Allg. Hom. Zeitung* thanks Dr. Leeser for his essay, but shows some points which need elucidation. (1) The mixing together of two remedies, but Weihe tries from the study of the materia medica to find the qualities of each combined in one remedy, which opens up a new field of study. (2) The necessary change in remedies with every change of the *genius epidemicus*, which certainly cannot hold good in chronic organic disease. Weihe and Leeser acknowledge that chronic cases will often show for some length of time the same painful spots, and then the remedy remains the same. He hopes that Weihe may give us full explanation of all his discoveries so that others may continue the good work.

S. L. thought it worth while to bring these new ideas before the readers of this journal, so that their truth may be verified or cast aside as old lumber. In the same valuable weekly *Lembke*, of Riga, a good honest homœopath, has an article against mere symptom-hunting, and despairs of finding the similimum in every case, when we consider the steadily increasing bulk of our materia medica. The condensations of Hering, Lippe and others do not help us much, even the Guiding Symptoms, the best of all, fails us in some cases. Salient materia medicas are an *ignis fatuus*, and the wails are continually increasing, What shall we do to enter the kingdom of Homœopathy? I like the slowness with which Dr. Weihe enunciates his discoveries. They were already known in 1884, at the German Institute at Hamburg. Four years have passed by, he is still silent though his friend and colleague gives us here a slight inkling of what we may expect at some future day. Let us aid them in their endeavors, and homœopathy made easier will perhaps be the fruit of our labors.

## PROCEEDINGS OF SOCIETIES.

### THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. THIRTY-SEVENTH SEMI-ANNUAL MEETING.

THE thirty-seventh semi-annual meeting of the Homœopathic Medical Society of the State of New York was held in the Leland Hotel, Syracuse, September 11th and 12th, 1888. The morning session of the first day was opened with prayer by the Rev. A. S. Durstan, of Syracuse. A letter of welcome from the Mayor, Hon. W. B. Kirk, was read by Dr. A. B. Kinne. Dr. Kinne, who is President of the Onondaga County Society, then welcomed the State Society, on behalf of the local society. This was responded to by Dr. William Tod Helmuth, President of the State Society.

DR. L. A. BULL, of Buffalo, offered an amendment to the constitution, giving to the President the power of appointing the heads of bureaus. This was laid over, according to the rules, until the annual meeting in February. Dr. Bull also made a motion rescinding the resolution providing for a semi-annual meeting of the Society. In support of his motion, he said that he thought it was better for the Society to hold but one meeting each year, and to have the members concentrate their energies on that meeting, than to have two meetings a year. He spoke of the "Transactions" of the societies of the States of Pennsylvania, Massachusetts and Illinois, all being better than those of New York. This would not be, he thought, if his motion prevailed. Dr. Bull's motion was laid on the table.

The President, DR. HELMUTH, then delivered an address on "The Title of the Homœopathic Medical Society of the State of New York." He called attention to the fact that this Society was first organized as "The Academy of Medicine of the State of New York." In order to render its title more distinctive, the name was soon after altered and its incorporation effected as "The Homœopathic Medical Society of the State of New York." In the consideration of certain points connected with homœopathy, upon which there are differences of opinion, such as repetition of the dose, potencies, and alternation, we must not lose our identity. We acknowledge the law "*similia similibus curantur*" to express the best method of curing diseases that are curable, and we owe it to ourselves and to those who have gone before, to use every means in our power to maintain the dignity and position of homœopathy and to render the name synonymous with medical science and medical aid ;



a name to be respected, even if the principle it embodies is not accepted by other schools of medicine—in fact a name of which we may be thoroughly proud.

“The enviable position which homœopathy has attained at the present time, its elevation, in the eyes of many of the old school, from quackery to a recognized system of medicine, and Hahnemann from a quack to a great reformer, has not, in my opinion, been accomplished by controversy, vituperation or dogmatism. Knowledge is the power which has and will accomplish the wider dissemination of the law of cure, and will maintain it when established. Education, of course, brings knowledge, and wisdom develops the proper method of applying it. It is my experience that medical controversy widens all breaches, is liable to become bigoted, and lo, Truth veils her face. The endeavor, in all the medical discussions I have ever heard or those I have had an opportunity of reading, is to prove that I am orthodox and thou art heterodox; that I am wholly right and you are wholly wrong; then I shut my eyes, I will not see; you close your ears, you will not hear, and the contestants are wider apart at the end than they were at the beginning. To my mind it should be a matter for great congratulation rather than one of disapprobation, when our old school friends assume a disguise and practice homœopathy, when they recommend it in their newest and best books, prepare medicines according to the homœopathic scale and administer them according to homœopathic principles. It is the seed planted in the soil. I have confidence in the latent honesty and honor of humanity, and in the mighty and mysterious power of truth, to believe that the disguise will be gradually discarded, and I am firmly convinced that down in the innermost heart of all these gentlemen there already exists a truer respect for Hahnemann and homœopathy than the naked eye would indicate. There is nothing for the new school to indicate in that direction, only let us care for ourselves; let us not assume that bigotry which for the past twenty or thirty years it has been the custom of our school to lament as existing in the other; let us not pose as martyrs and seek commiseration, but as apostles working the expansion of the truth. The members of the old school, as a rule, from a traditional repugnance, are not familiar with the writings of the new, while the new school are very conversant with most if not all of the old school. Yet who has not winnowed through the journals of the old school and has not thrown away tons upon tons of worthless material?”

In conclusion the speaker said that the cognomen of the Society must ultimately demand the respect, if not the belief, of the entire world. He then referred to the index prepared in the office of the Surgeon-General of the United States Army, at Washington. While articles appearing in allopathic journals are regularly indexed, those in homœopathic journals are neglected. Thus of allopathic articles there were indexed in the last volume 1508; of homœopathic articles, only 9.

Drs. J. M. Lee, M. O. Terry, and John L. Moffat were appointed a committee on the President's address.

The Bureau of Laryngology then reported through the chairman, Dr. J. M. Schley, of New York. The first paper read was by Dr. L. A. BULL, of Buffalo, on “Tonsillitis.” In the treatment of this affection the speaker recommended the use of the bicarbonate of soda

both as a spray and as a hot gargle. He sometimes rubbed the bicarbonate of soda on the affected tonsils. He claimed that by this method of treatment, when it was instituted early, he had been able to prevent suppuration; even if the bicarbonate of soda was used after suppuration had commenced, he found that it would hasten suppuration and rupture of the abscess.

DR. J. M. SCHLEY then read a paper bearing the title, "Does Perforation of the Cartilaginous Septum necessarily indicate Constitutional Syphilis?" This was a long paper in which numerous authorities were quoted showing that this perforation of the cartilaginous septum was not surely a syphilitic symptom. He then cited cases from his own practice, in which perforation of the septum had followed acute diseases, especially the exanthemata; one case especially interesting was one of very large perforation following measles. He had also met with cases in which the perforation was of purely catarrhal origin. Cases of non-syphilitic perforation were not apt to be followed by the deformity so often met with after the syphilitic cases. Papers by Drs. A. W. Palmer, F. Parke Lewis, Malcolm Leal, C. E. Teets and George Sheldon, were read by title and referred for publication, after which the papers read were discussed.

DR. S. F. WILCOX endorsed the use of the bicarbonate of soda in tonsillitis. He began using it as a cleansing agent only, to correct the foul odor from the mouth. He soon found that it had a marked effect in controlling the tonsillar inflammation.

DR. M. W. VAN DENBURG said that some time ago he had come into possession of a lot of medicines among which was baryta carb. of a high potency. He had prescribed this preparation in numerous cases of parenchymatous tonsillitis with most excellent results. In several cases subject to these attacks with consequent suppuration, he had been enabled by the use of the remedy, to prevent that process from being established.

DR. J. W. DOWLING corroborated Dr. Van Denburg's testimony in favor of baryta carb. as a remedy for parenchymatous tonsillitis. He used it in the third potency, and found that it always cured. He first used the drug on the recommendation of one of the Brooklyn physicians.

DR. JOHN L. MOFFATT had not seen much benefit follow the use of baryta carb. in this affection.

DR. J. M. SCHLEY said that he had very little faith in the ability of medicines taken internally to control suppurative tonsillitis. The only thing to be done in such cases was to incise the tonsils and to



remove the tissue in which suppuration occurred. He thought it was a difficult thing to diagnose suppurative inflammation of the tonsils before suppuration takes place. In all probability in many of the cases in which cures were claimed, resolution would have occurred without treatment.

DR. DOWLING, replying to Dr. Schley, said that he was certain that remedies did control and prevent suppuration in inflamed tonsils. In his experience he had treated numerous patients, whose former attacks had always resulted in suppuration, and who, when treated homœopathically, had avoided that process; he, therefore, felt justified in asserting that remedies exerted curative effects in suppurative tonsillitis.

The report of the Bureau of Laryngology then closed. The report of the Bureau of Climatology was then called for, but was not forthcoming.

The Bureau of Materia Medica next reported through the chairman, DR. M. W. VAN DENBURG, of Fort Edward, as follows:]

1. What are the symptoms laid down in the materia medica with reference to your topic, which you have proven from clinical experience to be reliable? 2. What are the concomitant symptoms that lead you to prefer belladonna to any other remedy? 3. In what potency do you usually employ belladonna? 4. What difference, if any, do you make in the use of potencies? 5. Do you usually give belladonna alone, or in alternation? 6. With what remedies do you find it alternates well? 7. With what does it disagree? 8. Do you rely alone upon it for a cure in any diseases; if so, what? 9. Is belladonna a frequent remedy in your practice; if so, how frequent? 10. Please give comparisons and differentiations of closely allied drugs, in your topic, and in question 2.

N. B.—Your topic will if possible be read even in your absence. The replies to the above questions will be published in the Transactions for comparison and reference. The accompanying scheme of treatment with cases successful or unsuccessful in which belladonna was employed as a remedy, is intended to cover all cases in your practice, whatever the disease treated. Will you kindly make it as full as you can reliably. It is hoped you will heartily co-operate in this work, as no other one has been assigned your topic, and your report is absolutely essential to unity of the subject and full discussion of the remedy. In any case please notify the chairman if you cannot comply, at the earliest possible date.

The above was sent to each member of the Bureau of Materia Medica to whom a topic was assigned. The whole subject was at first divided into the following heads, in treating which, it was intended to serve as a general guide:

*First.* Mind—mental states; hallucinations, illusions, delusions, manias and insanity.

*Second.* Diseases of the nerve centres and substance, inflammatory and non-inflammatory, exclusive of those dependent on the special senses of sight and hearing.

*Third.* The febrile movement, and fevers in general, to which belladonna is applicable.

*Fourth.* Diseases of the cerebro-spinal system dependent upon organic or functional diseases of the eyes or ears, and also the diseases of these organs themselves.

*Fifth.* Sleep and dreams, the accidents of time, aggravation, and amelioration (all dependent upon the general nervous system).

*Sixth.* Diseases of the respiratory system, including coryza, larynx, trachea, lungs and pleura.

*Seventh.* Diseases of the circulatory system, the heart and bloodvessels.

*Eighth.* Diseases of the tonsils and throat, exudates, etc.

*Ninth.* Diseases of the digestive system, from "appetite and taste" to and including "stool," etc.

*Tenth.* Diseases of the urinary system and of the male sexual system.

*Eleventh.* Diseases, functional and organic, of the female sexual system and functions.

*Twelfth.* Diseases of the skin and general tissue systems, the muscular, fibrous and osseous tissues.

*Thirteenth.* The botany of belladonna.

*Fourteenth.* The sources of the symptomatology of belladonna.

*Fifteenth.* The physiological action of belladonna in relation to homœopathic therapeutics.

Papers were read on "Fevers;" on the "Eyes and Ears;" on the "Sources of Belladonna Symptomatology." Dr. F. F. LAIRD's paper on the "Physiological Action of Belladonna in Relation to Homœopathic Therapeutics" was read by title and subsequently withdrawn to be presented at the next meeting of the Society in February, 1889. The paper on "Botany of Belladonna" was read by title.

DR. H. C. HOUGHTON read a paper on "The Diseases of the Eye and Ear in Relation to Belladonna." He described carefully the objective and subjective symptoms of belladonna so far as they related to the eye and ear. He answered all of Dr. VAN DENBURG's twelve queries.

The paper being before the Society for discussion, DR. JNO. L. MOFFAT called attention to the difference in the pupillary effects of belladonna and opium.

DR. A. B. NORTON, of New York, remarked that he very frequently alternated ferrum phos. with belladonna in cases of febrile affections. He found these remedies to work well together.

DR. H. C. HOUGHTON spoke of the value of Dunham's work on *Materia Medica*; he thought that physicians should study it more. He deprecated the tendency on the part of many to drift from the use of truly homœopathic measures. He did not deny the value of the study of pathology and the use of the microscope, but he thought that that instrument might be used in connection with our study of *materia medica* with advantage.

DR. VAN DENBURG, in the absence of DR. B. F. UNDERWOOD, read the latter's paper, which contained a report of cases treated with belladonna. The cases were mentioned only by the name of the disease treated, no attempt being made to give the characteristic symptoms



of the cases. The potencies used ranged all the way from the mother tincture to the two-hundredth.

DR. JOHN L. MOFFAT criticised Dr. Underwood's paper as being of little practical value, owing to the absence of any special indications for the remedy.

DR. VAN DENBURG explained that had Dr. Underwood followed the idea suggested by Dr. Moffat, his paper would have been of too great length for presentation to the Society. As it was, the paper was of value as showing the clinical range of belladonna.

DR. VAN DENBURG then read his own paper, in which he gave the source of the symptomatology of belladonna. Reference was made to the works of Hahnemann, Hering and Allen. In the earlier works the drug is credited with but 1400 symptoms, while in Allen's Encyclopædia it has over 4000.

The Society then transacted some routine business, after which an adjournment was taken until afternoon.

*Afternoon Session.*—The Bureau of Clinical Medicine opened the afternoon session with its report. Dr. J. W. Dowling read his paper entitled, "Is the American Heart Wearing out?" (This paper will appear in full in the November number of the *HAHNEMANNIAN MONTHLY*.) There was no discussion of this paper. The remaining papers of the Bureau of Clinical Medicine were read by title.

The Bureau of Gynæcology was next called for. The Chairman, Dr. L. L. Danforth, apologized for the absence of a report from this bureau. The regular chairman of the bureau, Dr. F. S. Fulton, having been taken sick, he had been appointed to succeed him. He had written to the associate members of the bureau, but had failed to receive any replies.

The report of the Bureau of Ophthalmology was next in order. The Chairman, DR. WILLIAM P. FOWLER, read his paper describing some cases from ophthalmic practice. The first case was one of polypus of the conjunctiva containing deposits of pigment giving it an appearance as if it had been stained with nitrate of silver. He questioned the patient (a young lady) very closely in order to assure himself that nitrate of silver had not been applied. The polypus was successfully removed by the application of escharotics. The second case he reported was one of granular lids that came under his treatment after having been subjected to all sorts of severe treatment. After trying numerous remedies unsuccessfully, he applied sulphate

of quinine to the eyes, and thus obtained a perfect cure. The last case reported was one of lachrymal fistula successfully treated by probes and the administration of hepar and silicea.

DR. M. O. TERRY presented a report of two cases from his own practice. The first was one of neuro-retinitis. The second was a case of retinal hæmorrhage of the right eye, with atrophic patches in the left and deterioration of vision. There was no kidney disease. The patient made an almost perfect recovery under the use of mercurius corrosivus. In commenting on this case Dr. Terry said that it was well known that merc. cor. was a valuable remedy in cases of kidney disease associated with neuro-retinitis. It was commonly held that the remedy benefited the eye affection by reason of its action on the kidneys. From his experience in the case just reported, the speaker thought that the drug acted beneficially through a specific action on the retina. This closed the report of the Bureau of Ophthalmology.

DR. JOHN L. MOFFAT, Chairman of the Bureau of Otology, presented the report of that bureau. DR. H. D. SCHENK reported a very peculiar case of auricular spasm. The patient, a young lady, had very unusual clonic spasms of the muscles of the pinna, especially of the attolens aurem. It occurred in both ears, although one ear was slightly more affected than the other. There was no pain and the patient suffered no inconvenience, except that resulting from the notice the trouble attracted. No other muscles than those of the pinna were affected. The patient was cured by the administration of agaricus. He first gave aurum metallicum without any benefit. She had had the trouble some time before coming under his treatment. There was no discussion of this paper.

The reports of the Bureaus of Pædology, Vital Statistics, and Histology were each called for in turn, but no response was received.

DR. E. H. WOLCOTT, Chairman of the Bureau of Obstetrics, then reported. The first paper was by DR. B. S. PARTRIDGE, and was entitled "Anæsthetics in Labor." This paper opened with a review of the discovery of anæsthetics and their uses. He then proceeded to describe the use of anæsthetics in labor. He protested against their use in normal labors, but added, almost in the next breath, that we do not often meet with a perfectly normal labor. He believed in using anæsthetics cautiously. He did not think that they should be used to the surgical degree, but just enough should be administered to produce a deadening of sensibility. If used to the surgical extent they were dangerous, as then they produced a tendency



to post-partum hæmorrhages. But when only sufficient was given to deaden sensibility, they did not lessen the contractions of the uterus in the least. On the contrary, they seemed to have a stimulating effect on that organ and to increase the strength of its contractions. He preferred the use of chloroform, as it was less unpleasant to the patient, and it was safer to use at night, as its vapors were less inflammable than those of ether.

DR. J. M. LEE said that he would resort to anæsthetics with little hesitancy. He advocated their use even in normal labors.

DR. J. M. SCHLEY said that in the use of anæsthetics in labor cases care was necessary in order to prevent the onset of post-partum hæmorrhage. He ceased their administration as soon as the head came down on the perineum.

DR. JNO. L. MOFFAT had lost one case after prolonged anæsthesia. He supposed the cause of death to be heart-clot. On this point he could not be certain, because no autopsy was made.

DR. B. S. PARTRIDGE remarked that he had had cases of post-partum hæmorrhage when anæsthetics had not been used; and again he had never had such hæmorrhage in the cases in which he had used these agents. He thought, therefore, that we never knew in these cases of post-partum hæmorrhage, after the employment of anæsthetics, whether or not the anæsthetic was the cause of that complication.

A physician, not a member of the Society, suggested that the patient's sufferings might often be relieved by the administration of the homœopathic remedy without resorting to anæsthetics. In order to prevent laceration of the perineum, it was customary for him to dilate the vaginal orifice as the head descended and thus prepare the perineum for the still greater distension of the head of the child.

DR. H. M. PAINE said that he prepared many of his patients for the puerperal period by what he called the alkaline treatment. He believed that many of the bad effects following labor were the result of an excessive acidity of the system. This alkaline treatment was not homœopathic; it was chemical. He believed in preparatory manipulation of the perineum, as mentioned by the previous speaker, as a means of preventing laceration of the perineum.

The physician speaking before Dr. Paine said that he believed that our remedies would prevent perineal lacerations. Dr. J. M. Lee replied to this by saying that he did not believe that remedies would prevent this accident. The President here reminded the Society that

the discussion had wandered from the subject of the paper before the Society.

DR. E. HASBROUCK read a paper on "Post-Partum Hæmorrhages." This paper was an able review of the treatment employed in cases of post-partum hæmorrhage by both the allopathic and homœopathic schools. The essayist cautioned his audience against too much dependence on internal medicines when we know that mechanical treatment yielded such prompt results. By mechanical treatment he meant abdominal pressure and irritation of the cervix and uterine cavity by the introduction of the hand or the injection of hot or cold water. We should not place too much dependence on ergot, as the interval between its administration and the resulting uterine contractions was so long that the patient might readily bleed to death while waiting for the drug to act. Hypodermic injections of ergotine were more prompt. Ergot was of use principally as an anticipating agent, to be administered towards the close of the second stage of labor. There were no remarks on Dr. Hasbrouck's paper.

The Bureau of Nervous and Mental Diseases presented but one paper. This was by DR. J. T. O'CONNOR, who reported an unusual case of exophthalmic goitre. The patient was a woman, 44 years of age. Vomiting was the most marked symptom. At first it was supposed that the case was one of vomiting of pregnancy; it was absolutely impossible for the patient to retain any food in the stomach. The pulse was very rapid, 150 to the minute. The eyeballs were protuberant. He finally discovered that the patient had a large goitre, when the diagnosis of the case became clear. Almost every remedy had been tried. Galvanism of the pneumogastric failed to benefit, as did also the internal administration of cocaine. The case was still under treatment.

DR. JNO. L. MOFFAT suggested glonoin, duboisia, and hypnotism as remedies worthy of trial in Dr. O'Connor's case.

DR. O'CONNOR said that he had not tried any of these. He doubted if hypnotism would do any good as there was no hysterical element in the case. Glonoin he had not thought indicated. He was glad to receive these suggestions, however.

DR. A. B. NORTON reported a case that he had diagnosed as exophthalmic goitre, although both the goitre and the cardiac symptoms were absent.

DR. O'CONNOR said that he did not think that Dr. Norton's case was one of exophthalmic goitre.

The discussion here closed and the Society adjourned until evening.



*Evening Session.*—The Bureau of Surgery, Dr. Sidney F. Wilcox, Chairman, reported with five papers. DR. M. O. TERRY presented two short essays. The first described a case illustrating the destructive cauterizing effects of the electric light current. The patient, a line-man in the employ of an electric light company, came in contact with the wire so that the current passed through his body. It did not cause death, but the dorsa of his hands and the end of his penis were severely cauterized. The patient had phimosis, but the current removed most of the prepuce. Treatment by dry antiseptic dressings resulted in perfect recovery. Dr. Terry's second paper was on "Dry Antiseptic Dressings."

DR. J. M. LEE exhibited a pair of clamps for clamping the broad ligament after vaginal hysterotomy.

DR. WILLIAM H. KING read a paper on "Electro-Abdominal Puncture." He said that during the last two years he had operated on five cases of fibroid and cystic tumors of the uterus and ovaries by electro-puncture, in two of which the trouble had returned. He then described his method of procedure. He first manipulated the abdomen to get the intestines out of the way and to bring the tumor as near the abdominal walls as possible. He rendered the abdominal walls aseptic. To prevent pain arising from the puncture of the needle he injected cocaine at the point to be punctured; ten drops of a 4 per cent. solution were used in the case of an abdominal wall of ordinary thickness, and fifteen drops when it was extraordinarily thick. He punctured always with an iron needle, which was insulated to within a short distance of the point with hard rubber. The point of the needle should always be directed towards the centre of the tumor, soreness and pain being caused by puncturing too near the edge of the tumor. The strength of current used should be from 100 to 200 milliamperes. The only pain from the operation should be that of the puncture. As the inactive electrode he used the clay electrode of Apostoli. He used the negative pole as an active one in cases of solid tumors, and the positive in cases of cystic. In a case of fibroid tumor, with cystic degeneration, he had failed to obtain relief with the negative pole. He proposed to apply the positive.

DR. M. O. TERRY then read a paper, by DR. H. M. LEWIS, on "Caustic Applications in the Treatment of Malignant Diseases of the Uterus and Cervix."

The closing paper of the bureau was by DR. S. F. WILCOX, on "Clinical Results of Injections of the Ethereal Solution of Iodoform." The speaker had used the ethereal solution of iodoform by injection

in eighteen cases. The first two were cases of tubercular hip-joint disease, treated at the Laura Franklin Hospital. The third was a case of non-tubercular hip-joint disease. The fourth and fifth were cases of tubercular knee-joint disease, in which amputation had been performed. Abscesses formed in the wound, which was reopened and the ethereal solution of iodoform injected with marked benefit. The sixth case was necrosis of the astragalus. The seventh was one of caries of the tarsal bones resulting from syphilis. The action of iodoform in this case was not so marked as in the tubercular cases. More benefit was derived from the administration of remedies. The eighth and ninth cases were cases of tubercular Potts' disease. The remaining cases were of suppurating cervical glands. Tubercular cases of this kind, particularly, did well. After a few injections suppuration would cease. The method pursued by Dr. Wilcox was to inject through a canula about from two to four ounces of a saturated solution of iodoform in ether. As ether vaporizes very rapidly at the temperature of the body, the abscess cavity soon becomes distended with the ether fumes, which may give rise to a great deal of pain. To relieve this another canula should be introduced to permit of the escape of the gas. The day following the injection the sac becomes tense, inflamed, and painful, but this gradually disappears. In cases of cold abscess, the abscess was evacuated by aspiration and the iodoform then injected. In the case of sinuses the iodoform was simply injected along the suppurating tract. In cases of abscess with bone disease the improvement was slower than in cases of abscess from disease of the soft tissues. The treatment of suppurating cervical glands, by the iodoform injections, was better than the ordinary methods of treatment. All the cases treated did well except two, and one of these died of tuberculosis of the lungs, and the other was a case of double hip-joint disease. This was the last paper presented at the evening session. After a short discussion, participated in by Drs. Lee, O'Connor, Helmuth, and King, the Society adjourned until the following morning.

The morning session of the second day was opened by Dr. Danforth's paper on "The Causes of the Albuminuria of Pregnancy."

Its causes, the speaker explained, grew out of functional disturbance; pregnancy, he thought, was a test of the power of the system to resist disease. The albuminuria of pregnancy was the result of exalted nerve tension, and also of its corollary, high tension of the vascular system. The chances of convulsion in these cases are as one to eight or nine. The degree of nerve resistance governs the tendency to convulsion. Pressure is not a cause of albuminuria in many cases. That the excitability of the nervous



system has to do with the oncoming of convulsions is shown by the fact that more than twice as many cases of convulsion come on during labor as before or after that process. It is true that blood-poisoning is always present. The prophylactic treatment advised by Dr. Danforth was attention to the skin and diet. Meat should be avoided. Exercise was also important. The urine should always be examined repeatedly after the sixth month. The danger in these cases was always in proportion to the amount of urinary solids voided rather than that of albumen. The homœopathic remedies advised were apis, arsenicum, glonoin, helonias, cantharis, kalmia and merc. cor. The last-named he thought was a particularly valuable remedy. Aconite, belladonna, ignatia and veratrum viride, should be used to relieve congestion. While a convulsion is pending no efforts for premature delivery should be made, except the patient is under the influence of an anæsthetic. The fact that nature often brings about premature labor in these cases of puerperal convulsions, is an indication that in producing artificial delivery, we are following nature's methods. The best manner of inducing premature labor is by the introduction into the uterus to its full length, of a flexible catheter, and vaginal injections of hot-water every hour or two until uterine contractions come on. The most useful remedy for administration during the convulsion is veratrum viride, which is used by both schools of medicine. Glonoin was also useful because of its effects on the vascular system. A case was then cited in which glonoin was administered, but failed to control the convulsions; but the hypodermic injection of morphia did control them. Opium is very useful in puerperal eclampsia because of the similarity of its symptoms to those of the disease. The nearer the condition of the patient approaches to one of stupor, the more appropriate it is to the case. For the purpose of removing the poisons in the blood, the administration of mercurius dulcis in five-grain doses, and followed by saline cathartics, was advised. To quiet irritation morphia is better than chloroform, and should be given because of its dynamic effects.

DR. JOHN L. MOFFAT agreed with Dr. Danforth as to the diminution of urinary solids being a source of great danger. He had used homœopathic remedies hypodermically in these cases with good effect, and in attenuations too.

DR. B. S. PARTRIDGE spoke in support of the use of opium in appreciable doses. He recommended hyoscyamus also, and cited a case showing its utility.

DR. H. M. PAINE described a case in which he gave morphia in one-eighth of a grain doses, at intervals of one or two hours, until the convulsions were controlled.

DR. H. M. DAYFOOT stated that he had treated a case in a manner similar to that of Dr. Paine with similar result.

DR. W. TOD HELMUTH said that in a case of uræmic convulsions, he had had injected into the rectum one teaspoonful of chloroform to three of molasses. Convulsions ceased and recovery followed, and the patient is alive to-day.

DR. E. HASBROUCK related a case in which gelsemium was given with no effect. He then gave caulophyllum in order to induce labor, but the convulsions ceased and the patient fully recovered.

DR. L. A. BULL thought that the administration of remedies in hot water was better than by hypodermic injection.

The report of the Bureau of Obstetrics then closed. The Society proceeded to the transaction of miscellaneous business.

DR. H. M. PAINE, in extended remarks, urged discrimination against high potencies on the ground of the non-homœopathicity of those preparations. He claimed that evidence afforded by alleged cures does not show a reasonable evidence of homœopathic action, and endeavored to prove that the policy of the Society of allowing the publication of these non-homœopathic cases was prejudicial to homœopathic interests, as evidenced by the exclusion of all homœopathic records by the Surgeon-General at Washington. He charged the Society with giving license to its members when true conservatism would simply provide a reasonable liberty. He was not surprised that the Surgeon-General discriminated against homœopathy, the reason being that we do not discriminate against high potencies. He asked the Society to exclude from its published Transactions three reports embracing alleged cures by the 30th, 200th and the 40,000th potencies.

The motion was lost, Dr. Paine alone voting in the affirmative.

After adopting a vote of thanks to the President, the Society adjourned, to hold the next meeting in Albany, on the second Tuesday of February, 1889.

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THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. TWENTY-FOURTH ANNUAL SESSION.

THE twenty-fourth annual session of the Homœopathic Medical Society of Pennsylvania was opened at the Hahnemann Medical College of Philadelphia, September 18, 1888. Dr. W. H. Bigler, President of the Philadelphia County Society, welcomed the State Society to Philadelphia. After a brief reply to Dr. Bigler's remarks, the President of the State Society, Dr. Hugh Pitcairn, of Harrisburg, delivered the President's Annual Address.

After referring briefly to the members of the Society who had died during the year, the speaker propounded for himself, the questions asked by Dr. A. R. Thomas in his presidential address delivered before the Society at the preceding meeting, held at Pittsburgh. "Does homœopathy constitute the whole of therapeutic science?" "Is the physician best prepared to cope with disease in its varied forms whose knowledge and use of drugs is always and only confined to their homœopathic use?" "Has the physician discharged his full duty to his patients in all cases, when he has made the most careful selection of the symptoms of the case?" "May the medical school, in view of its responsibility in the education of physicians, confine its therapeutic teachings to the homœopathic medication alone?" These questions the speaker answered negatively.



Dr. Pitcairn next spoke of the fact that homœopathic practitioners, while firm believers in the principles of Hahnemann, were yet broad-minded investigators of the truth from every source and learned in all the wisdom of the schools. The allopathic school, on the contrary, refuse to investigate the bulwark of strength we possess in "the law of cure." He pleaded for greater latitude in our professional intercourse with each other, in all matters doubtful or bearing the semblance of doubt, believing, as he did, that the greatest evil in therapeutic medicine in the past has been the adoption of creeds and codes, with ostracism of those who thought for themselves.

In Pennsylvania, notwithstanding that homœopathic practitioners administer to at least one-fourth of the entire population, this vast number of citizens are without any representation in the charities of the State. For years we have been calmly resolving that there should be an effort made to have one or more of Pennsylvania's State asylums for the insane placed under homœopathic charge, but we never seem to realize the fact that to accomplish this desideratum, we must show the general public the justice of our claims to recognition.

To this end Dr. Pitcairn presented comparative tables showing the results of treatment in the different insane asylums and institutions of the States of Pennsylvania, Massachusetts, New York, Michigan, etc.

The following figures represent the summary of the statistics for the last five years :

Insane asylum at Harrisburg, Pa. (allopathic), average percentage of deaths, 7.49. Average percentage of recoveries, 4.37.

Insane asylum at Norristown, Pa. (allopathic), percentage of deaths, 7.59; percentage of recoveries, 5.85.

Insane asylum at Danville, Pa. (allopathic), percentage of deaths, 4.82; percentage of recoveries, 4.96.

Insane asylum at Dixmont, Pa. (allopathic), percentage of deaths, 8.33; percentage of recoveries, 5.94.

Insane asylum at Warren, Pa. (allopathic), percentage of deaths, 7.27; percentage of recoveries, 5.94.

The average percentage of deaths in all the insane asylums of Pennsylvania, 7.19; the average percentage of recoveries, 5.35.

In the insane asylums at Utica, Buffalo and Rochester, New York (allopathic), average percentage of deaths for five years, 6.00; average percentage of recoveries, 11.00.

In the asylums at Worcester, Northampton, Taunton and Danvers, Massachusetts (allopathic), percentage of deaths 6.30; percentage of recoveries, 6.59.

The percentage of deaths at the Homœopathic Insane Asylum at Middletown, N. Y., is 4.26; the percentage of recoveries, 15.10.

The percentage of deaths at the Westboro, Mass., Insane Asylum, also under homœopathic control, for the one year of its existence, is 4.4; the percentage of recoveries, 12.79.

Dr. Pitcairn drew the following deductions from the above statistics: The percentage of deaths under old-school treatment in Pennsylvania, as compared with that under old-school treatment in New York, is one-seventh higher, while the percentage of recoveries in the five years is only one-half. Why so great a difference, if not because of the stimulating influence of the one homœopathic asylum at Middletown? and why, in the name of humanity, should this large number of unfortunates be allowed to suffer on worse than death indefinitely, if even old-school treatment in the State of New York could give the required help?

But when we come to compare homœopathic supervision elsewhere with Pennsylvania institutions, the contrast is simply amazing.

Percentage of deaths in Pennsylvania under allopathic treatment, 7.19; Middletown (homœopathic), 4.26; Westboro, Mass. (homœopathic), 4.4; Ionia, Mich. (homœopathic),  $2\frac{3}{5}$  to  $3\frac{1}{5}$ .

The percentage of recoveries under allopathic treatment in Pennsylvania shows the outrageously low percentage of almost nil, while we have the

wonderful record under homœopathic treatment at Middletown, 15.10 per cent. ; at Westboro, Mass., 12.79 per cent. ; Ionia, Mich., 12.00 per cent.

Respecting the papers read before the Society, Dr. Pitcairn recommended that action be taken similar to that of the Institute at its last meeting, permitting members to publish their papers in the journals, but requiring that all papers so published should be furnished in duplicate, and only secured through the secretary of the society.

On motion of Dr. Pemberton Dudley the address was referred to a committee of seven to take into consideration the matters contained therein. A vote of thanks was also extended to Dr. Pitcairn for his able address.

Dr. J. F. Cooper, of Allegheny, presented his report as Treasurer of the Society, showing that there was a balance on hand of \$108.52. This report was referred to an auditing committee consisting of Drs. T. S. Dunning, W. J. Martin, I. G. Smedley.

The reports of the Corresponding Secretary, and of the Committees on Publication, and Organization, Registration, and Statistics, were presented and accepted.

The Censors then reported favorably on the following applications for membership in the Society: Alfred Layman, F. W. Messerve, E. W. Mercer, Franklin E. Merriam, and C. H. McDowell, of Philadelphia; R. Murdock, of Wilkesbarre; J. B. Sullivan, of Allegheny; C. A. Yocum, of Pottstown; J. H. Sandel, of Plymouth; and S. E. Burchfield, of Tarentum.

Dr. J. Richey Horner, of Allegheny, read the report of the Necrologist, Dr. W. R. Childs, of Pittsburgh. The following members of the Society had died during the year: J. K. Lee, W. M. Zerns, Adolph Lippe, and P. O. B. Gause, all of Philadelphia.

This closed the general business of the morning session.

The report of the Bureau of Pædology was then presented by the Chairman of the bureau, Dr. J. K. Lee, of Johnstown. The first paper read in this bureau was by DR. MARGARET L. CRUMPTON, of Allegheny, on "Polio-myelitis Anterior Acuta." The speaker described carefully the symptoms of this disease. The remedies recommended in its treatment were aconite, belladonna, gelsemium, pinus sylvestris, ergot, and electricity.

DR. J. RICHEY HORNER read a paper on "Constipation in Infants." The remedies advocated by him for the treatment of this condition and their indications were almost the same as those presented by Dr. Clarence M. Conant to the New York State Society several years ago. The preparatory treatment of the pregnant woman, the essayist thought, would do much towards doing away with ailments of infants. The early putting of the child to the breast was advocated. Even



though the physical condition of the mother is such that she cannot nurse the child for any extended period, it is well to give it nourishment from the breast as long as possible. Some cases of constipation are traceable to a previous attack of jaundice. This may be prevented by permitting a slight bleeding from the cord at the time of birth. The use of cold water or oatmeal-water was also advocated. Fresh air is also important. If in spite of these measures success is not obtained, then small enemata of flaxseed-water were advised.

A paper by Dr. Z. T. Miller, entitled "Baby Therapeutics," was read by title, after which Dr. S. F. Shannon, of Sewickley, read a paper on "Chorea," and the Society adjourned until 3 P.M.

*Afternoon Session.*—The Bureau of Sanitary Science presented but one paper, and that one was by Dr. Pemberton Dudley, on the "Sanitary System of Pennsylvania and its Defects."

The Bureau of Ophthalmology, Otology, and Laryngology reported through Dr. W. H. Bigler, the Chairman, Dr. W. H. Neville, being unable to be present. The first paper read was by DR. W. H. BIGLER on "The Effects of Errors of Refraction and the Abuse of Spectacles."

The speaker protested against the frequent resort to glasses as a means of curing certain ocular symptoms. Just as it is now considered more scientific, more skilful and more satisfactory, to relieve strabismus by exercise and training of the ocular muscles, than by tenotomy, and that, too, by men against whom the charge of incompetency cannot be brought, so it seems a greater triumph of art to alter by remedies existing conditions that the muscles of the eyes may be used without discomfort and pain, than by a mechanical contrivance to relieve them of all exertion. The enthusiasm of the profession in adopting new measures was alluded to, and applied to the investigations of Donders into the nature and relief of asthenopia. Going to an oculist has become almost tantamount to being compelled to wear glasses. The speaker then proceeded to outline some propositions on which the treatment of accommodative asthenopia should be based. 1. When the visual impressions are weak or very indistinct, the effort to improve will be proportionally weak. The greatest errors of refraction may exist with but slight complaint of asthenopia, and relief sought not for discomfort, but for indistinct vision. An astigmatism of 0.25 D. will often cause more distress than one measured by whole diopters. 2. When there is general irritability of the nervous system, asthenopia is very frequent irrespective of the character or degree of the error of refraction. Anything that tends to foster this irritability will, therefore, increase the asthenopia. 3. We have here a vicious circle in which, while the irritability of the nervous system tends to intensify the symptoms liable to result from errors of refraction, these in their turn aggravate the neurotic inclination and its phenomena, often to such a degree, that they are overlooked in the apparent tantamount importance of these latter. 4. Accommodation taking place by the action of a muscle, it is logical to infer that in considering cases of asthenopia, we should be ready to recognize their similarity to affections of muscular tissue elsewhere in the body. 5. Even where the proper tests discover errors of refraction as the ultimate cause of asthenopic symptoms, careful examination will, in many cases, lead to the finding of other proximate causes of these, which are of the greatest possible importance in determining our line of treatment. Further than that there is in

each individual a personal equation which must be taken into account in the treatment (if discoverable).

As a result of the above propositions, the following suggestions respecting treatment were offered: We must disabuse our minds of the idea of the necessity for prescribing glasses in all these cases, and we must endeavor to find whether the symptoms are not dependent on some condition which is itself only temporary and the relief of which will enable the eyes to perform their wonted work without other assistance. This does not necessarily imply that during the period of treatment nothing should be done for the relief of the unpleasant symptoms connected with the use of the eyes. But the means of relief must be employed with the intention of making them, like the cause that calls for them, only temporary. We know that the use of glasses, by relieving the eyes of a certain amount of exertion, just to that extent renders them incapable of making that exertion. By prescribing glasses chosen according to the actual amount of ametropia present, and not with a due consideration of the concomitant symptoms, we convert a temporary evil into a permanent one, even if we relieve the symptoms of the patient.

Again, ordering glasses for constant use when no inconvenience is experienced in distant vision, merely because the total error of refraction discovered is large, is an abuse of spectacles.

Dr. Joseph E. Jones, of West Chester, read a paper on "Foreign Bodies in the Ear and Their Extraction." In the enforced absence of Dr. Neville, Dr. Bigler read the latter's paper on "Tinnitus Aurium."

A paper by the Allegheny County Society on "Hay-Fever" was read by title and referred to the Publishing Committee. The report of the bureau was then open for discussion.

By request of the President, DR. JOSEPH E. JONES opened the discussion. He said that he should speak of the subject of Hay-Fever. This disease is produced by a pollen floating in the atmosphere, and is, therefore, a pollen-poisoning. All persons are not susceptible to it. He compared it to rhus poisoning, in which the first attack predisposes the victim to a second. The only curative treatment of the affection must be directed to changing the constitution of the patient so that a recurrence of the poisoning should be impossible. This he had done by internal medication.

DR. J. J. GRIFFITH said that he was a sufferer from hay-fever, and no treatment thus far tried by him had done any good, and he had made use of internal medication of all sorts and also local treatment. His attacks begin with a sensation as of a cobweb over the nose, causing him to make frequent efforts to brush it away.

DR. Z. T. MILLER asked what remedy was given when that sensation as of a cobweb appeared.

DR. GRIFFITH replied that he first took graphites. Subsequently he took other remedies, and in potencies varying from the 1,000,000th to the mother tincture. He had done nothing between the attacks because he had no symptoms then.



DR. MILLER thought that Dr. Griffith had taken too many remedies. In his opinion, hay-fever was the result of a psoric miasm, and that little could be done by the treatment of the acute attacks. The patient's idiosyncrasy must be changed. He had cured cases of hay-fever with arsenic, *allium cepa* and *pulsatilla*.

DR. CHANDLER WEAVER said that he had been working on three cases of hay-fever for years without any good result until this year, when the patients have been much better. Arsenicum had benefited two of the cases and naphthalin the other.

DR. CLARENCE BARTLETT suggested that this year hay-fever was not very severe, as the atmospheric conditions were not favorable to its existence. He asked Dr. Griffith how this year's attack compared with those of former years.

DR. GRIFFITH replied that he was not as sick as in other years.

DR. HUGH PITCAIRN had treated one case during the interval of the attacks with sulphur. *Pulsatilla* given later completely cured the patient.

DR. BARTLETT told of a case of paroxysmal coryza, which he had cured by cauterizing an hypertrophy on the nasal septum and the administration of *cepa*. The attacks were daily. The patient has been entirely free from them for one year.

DR. M. M. WALKER told of a case that was caused by being near tomatoes.

DR. ISAAC CROWTHER told of a case he had cured by *lycopodium* prescribed on account of the gastric symptoms of the patient being those of that remedy.

The discussion here closed. The President appointed Dr. Joseph E. Jones Chairman of the Bureau for the ensuing year, after which the Society adjourned until evening.

*Evening Session.*—The Censors reported favorably on the applications of Drs. Thomas Reading, L. B. Hawley, L. B. Griffith, Wm. Tonkin, T. H. Carmichael and C. S. Mercer. These gentlemen were elected to membership.

The Bureau of *Materia Medica* reported through its Chairman, Dr. Z. T. Miller. Several sections of a repertory of Hering's *Condensed Materia Medica* were presented and referred for publication. A paper by the Farrington Club on "*Arsenicum*" was read by title. Dr. Mohr presented "*Some Provings of Picrate of Zinc.*" (This paper will be published in a future number of the *HAHNEMANNIAN*.) The Society proceeded to discuss the best manner of publishing the repertory. It was finally decided to publish the sections already presented,

in the Transactions, but that it should be pagéd separately from the body of the volume. The Bureau of Materia Medica was to have editorial supervision of the work. This closed the report of the Bureau of Materia Medica. Dr. J. C. Guernsey was appointed chairman for the ensuing year.

The Bureau of Obstetrics then reported through the Chairman, Dr. C. F. Bingaman, of Pittsburgh. Two papers were presented. "The Character of the Pulse after Labor," by Dr. Joseph M. Reeves; and "Prolapsus of the Cord," by Dr. W. J. Martin. Dr. Reeves' paper gave an excellent and systematic review of the character of the pulse during the lying-in period. Dr. Martin reviewed the subject handled in his paper, and detailed a case successfully treated by the sponge as advocated by Guernsey in his work on "Obstetrics." Dr. J. N. Mitchell did not present a paper; but he gave careful details of a case of puerperal convulsions, recently seen by him, in which the treatment was carried on by an old-school physician, and in which all the methods employed were strictly methods of that school. The convulsions were controlled, but the patient finally died from heart-failure.

Dr. J. C. Guernsey described a case treated by him with Dr. C. B. Knerr. The convulsions were finally controlled by belladonna.

Dr. J. K. LEE, of Johnstown, asked if, in these cases of puerperal convulsions, it was not always well to bring on artificial labor, even if the child had not reached full term. He then detailed a case treated by him, in which the convulsions came on at the seventh month. The night before the patient had eaten a quart of peanuts, then three pears, half-a-dozen peaches, some figs, and then went to bed. The convulsions appeared at midnight. He was called, and used forcible dilatation of the cervix, and applied the instruments and delivered. The convulsions were controlled only after the administration of hyoseyamus in drop doses every five minutes. The uterus contracted very firmly after the birth of the child, as it usually does in these cases.

Dr. J. C. MORGAN suggested the spiral direction as the one to follow in the reposition of a prolapsed umbilical cord.

After further discussion by Drs. Mitchell, Mohr, Malin, Miller, and Lee, the Society adjourned until the following morning.

*Second Day—Morning Session.*—The Bureau of Gynæcology presented its report, through Dr. B. F. Betts, as the Chairman, Dr. C. P. Seip, was absent. Papers were read as follows: "Erosions of the



Cervix Uteri," by Dr. Millie J. Chapman; "Vaginismus," by Dr. J. W. Thatcher; "Cervical Endometritis," by Dr. T. M. Bulick; and "The Influence of Gonorrhœal Infection in the Development of Pelvic Diseases in Women," by Dr. B. F. Betts.

The latter speaker said that recent investigations into the causes of pelvic inflammations revealed the fact that, in many cases hitherto obscure, the Fallopian tubes had first become involved in the inflammatory process, and had served for the transmission of septic material into the peritoneal cavity. Fallopian salpingitis, with its attendant peritonitis, has finally become one of the most serious ailments that can befall the sex. The speaker believed that in many instances these affections resulted from gonorrhœal infection. The assertion made by Van Buren and Keyes, that "gonorrhœa sends more people to the tomb than syphilis," while intended to apply to the male sex, is also true, in the present state of our knowledge, of women also. Involvement of the tubes in the gonorrhœal inflammation may readily lead to pelvic infection. We are slow in accepting the theory of Noeggerath regarding latent gonorrhœa, and the ability of the male with an almost imperceptible gleet discharge to develop disease in the female without producing any of the acute symptoms of gonorrhœa. Dr. Betts then carefully explained this theory, and compared it with the teachings of Hahnemann. He showed that gonorrhœa might readily so alter the system that the seminal fluid should become poisonous. Speaking of the treatment of the condition of the system engendered by the gonorrhœal poison, Grauvogl's recommendation of natrum sulph. and thuja was mentioned, as were also the remedies recommended for the sycotic constitution of Hahnemann, sarsaparilla, pulsatilla, and kali bichromicum. In case of occlusion of the tubes with serum, apis 3 was recommended; when the tubes contained pus, kali carb., hepar, mercury, lachesis, and calcarea sulph. may help. In cases of long standing, when the tubes are distended and displaced, with pariovaritis and its attendant sterility, an abdominal section and removal of the uterine appendages is the only course to pursue.

This closed the report of the bureau. There was no discussion on any of the papers. Dr. B. F. Betts was appointed chairman of the bureau for 1889.

The next thing in order was the report of the Bureau of Surgery, of which Dr. W. R. Childs, of Pittsburgh, was chairman. The latter being absent, Dr. John E. James was appointed to present the report of the bureau. The special paper for this report was a paper by Dr. W. B. Van Lennep on "The Antiseptic Treatment of Carbuncle, Furuncle and Kindred Affections." (This paper will appear in a future number of the *HAHNEMANNIAN*.)

By appointment, Dr. L. H. WILLARD, of Allegheny, opened the discussion. He said that it was always his aim in the treatment of carbuncle to make use of constitutional treatment together with the measures he adopted locally. Remedies in the early stages saved much suffering late in the course of the disease. He described a case with great swelling, redness of the surface, and infiltration, in which he pencilled the surface over with a weak solution of carbolic acid, and gave arnica, belladonna, and rhus, as indicated. The want of appetite, so frequently met with in these cases, he combated by con-

stitutional treatment. The usual remedies for the early stage are rhus, belladonna, arnica, and sometimes phosphorus. As soon as the little yellow spots or openings make their appearance on the surface then he begins his application of carbolic acid. He did not make an incision, but he took a bodkin or a probe and dipped it into the acid. With this he carefully drilled into each opening until he drew the least drop of blood. This he does every day. If the case is a very painful one he does it twice a day. The acid takes away much of the pain. If the patient's nights are restless, rhus 6 relieves.

DR. CHAS. M. THOMAS said that his experience with carbolic acid in the treatment of carbuncle was of recent date, that is, a year or a year and a half. Prior to that time he treated his cases of carbuncle with poultices and caustic potash. He introduced the fused stick of caustic potash into the little openings, if these were present; if not, he made punctures, and passed the potash through the skin and into the connective tissue. By this application the pain and tension were almost immediately relieved; perhaps more so with the carbolic acid. The carbolic acid is easier of application, and requires less preparation. If the potash is carelessly applied it produces unpleasant caustic effects. Dr. Thomas had also treated a number of cases of carbuncle by scraping, and still others by excision. He advocated the use of some material that would cause the rapid breaking down of connective tissue, and cause sloughs to form. Here he thought that the potash was superior to the carbolic acid. He did not see how it was possible in some cases to carry out the practice of daily injecting the carbolic acid by the hypodermic syringe, as was recommended by some. Sometimes it is painful; sometimes it is impossible by reason of the hardness of the tissues. He believed in operating in these cases once for all. The acid should be used in strong solution or in crude substance, and introduced to the depth and margin of the carbuncular infiltrated tissue. He advocated the antiseptic dressing recommended by the essayist. Incisions in the early stages were valuable for relieving tension and congestion. The stronger the patient the more free would the speaker be with his incisions. In an old and debilitated subject he would hesitate long before making an incision. He warned his hearers that they were mistaken if they thought that by cutting into a dirty carbuncle and by applying carbolic acid to a dirty carbuncle they were carrying out Dr. Van Lennep's idea. He himself had seen very serious results follow the cutting into a carbuncle, because it was done on a dirty surface. Before operating we should be careful to see that the surface is made aseptic by means of antiseptics. With reference to general treat-



ment, he had derived more satisfaction from chininum arsenicosum than any other remedy. He had also used lachesis, rhus, and arsenic.

DR. JOHN E. JAMES said that he had seen serious results and one death from the old treatment referred to by Dr. Thomas. That was in the days before antiseptics were in vogue. He had seen several cases almost die, when the mass was large and the slough had formed, the skin thick and raised, and bleeding free; when the patient was already exhausted, and was scarcely able to withstand the additional drain of hæmorrhage. He had, therefore, been careful in making free incisions for the last eight years. He had used carbolic acid in various strengths. He referred to the use of carbolic acid in England in the treatment of malignant pustule. For the relief of pain he had employed applications of cold water with good results. He had never used carbolic acid, as recommended in Dr. Van Lennep's paper. He asked if the essayist had observed cicatrization to take place more rapidly by his than by other methods. Under old methods cicatrization is slow, and the cicatrices are apt to break down readily. Hepar in a low potency will often relieve the pain more readily than will morphia or rhus tox. For relief of the exhaustion, for building up the strength of the patient, nothing is better than the tincture of cinchona. Put from one-half to two teaspoonfuls in a half glass of water, and administer it in divided doses. It acts better than the alkaloid of cinchona, quinine.

DR. JOSEPH E. JONES described a case of carbuncle which he had treated by injecting with the hypodermic syringe a few drops of carbolic acid into the base of the lesion. A small slough formed around the puncture of the needle, and gave exit to the pus. Otherwise, no slough formed. In answer to a question by Dr. J. K. Lee, he said that his internal remedies in this case were belladonna, rhus tox., and afterwards arsenic; but none of them relieved pain. The carbolic acid did that. He should try this method in his next case of felon.

DR. VAN LENNEP, in closing the discussion, said that he always made use of internal remedies in the treatment of carbuncle; arsenic, carbo veg., rhus tox., hepar, silicea, chininum arsenicosum, and china in large doses, as recommended by Dr. James. As to the question of long or short dressing, he said that a short dressing should be a wet one. His favorite dressing of this kind was creolin. A dry absorbent dressing should stay in place from three to seven days. He had not used caustic potash, as recommended by Dr. Thomas; but he should do so when it was his object to produce a slough and throwing off of tissue. As regards incisions, he thought that the openings should be united to permit of the escape of the discharge and sloughs.

The speaker expressed himself as opposed to poultices in these cases, as the heat and moisture attendant on their application favored the generation of germs. Cicatrization has been beautiful and rapid after this treatment. Carbolic acid was especially adapted to the treatment of carbuncle because it does not eat deeply. He disagreed with Dr. Jones respecting the advisability of treating felons by the injection of carbolic acid.

DR. JONES said that the injection of the acid produced a sloughing about the point of puncture, and this permitted of the escape of pus.

The discussion here closed. Other surgical papers presented were "The Necessity of an Early Diagnosis in Necrosis," by Dr. F. P. Wilcox, of Youngstown, Ohio; "Surgical Cases," by Dr. W. R. Childs; and "A Coffee-Bean in the Air-Passages for Fifty-two Days; Recovery," and "Rupture of the Bladder; Recovery," by Charles Gangloff, of Pittsburgh. Dr. J. H. McClelland was appointed Chairman of the Bureau of Surgery for 1889. The Society then adjourned until afternoon.

*Afternoon Session.*—Dr. W. B. Trites, Chairman of the Bureau of Clinical Medicine, presented the report of that bureau. The first paper read was by Dr. E. R. Snader, "On the Effects of Tobacco on the Heart." (This paper will appear in a future number of the *HAHNEMANNIAN*.)

DR. CHARLES MOHR said that the difference in the pulse when standing and sitting, from five to twenty-five, as observed by Dr. Snader, was certainly an action of the tobacco. In his observations on provers he had noticed the normal difference to be between four and six beats. He suggested that Dr. Snader, in his future observations, take notice of the idiosyncrasies of the cases.

DR. L. B. HAWLEY, of Phoenixville, said that Dr. Mohr's point respecting the difference in the pulse, standing and sitting, was well taken.

DR. WILLIAM A. HAMAN, of Reading, then read a paper on a "Case of Epidemic Cerebro-spinal Meningitis without Rachialgia." Drs. J. C. Morgan and W. K. Ingersoll made a few remarks on this paper.

The next paper was by DR. SARAH J. COE, of Wilkesbarre, and was entitled "Extracts from my Case-book." The first case reported was one of purpura hæmorrhagica. The second case was one in which silygium jambolanum was prescribed for diabetes with good results. Both cases reported by Dr. Coe were made particularly valu-



able by reason of the care with which the family tendency to disease was described, together with the life-histories of the patients.

DR. E. M. GRAMM said that he had seen a number of cases of purpura hæmorrhagica. He described two cases, one of which occurred in a scrofulous child of calcarea build, but in which, notwithstanding the treatment, the attacks would appear on every slight occasion. At present the attacks appear to have been cured. He also mentioned a case in which ruta had cured. He thought the local application of hamamelis in these cases to be a mistake. In order to cure it was necessary to alter the diathesis of the patient.

DR. CHARLES MOHR observed that he had seen but few cases of purpura hæmorrhagica that he had treated with entire satisfaction to himself. He described a case seen in his hospital service. The patient, a man forty-five years of age, suffered greatly from pain. The surface of the body was very sensitive to touch; the left leg and the left arm were most affected. The spots appeared on both these extremities to a marked degree, and to some extent invaded the hand itself, with cedematous swelling about the wrist, elbow and knee-joints. The pains were rheumatic in character. The eruptions were purplish in character. Lachesis 30 was prescribed, and the patient was promptly cured.

DR. J. C. MORGAN mentioned lachesis and sulphuric acid as being of especial value in these cases of purpura.

DR. M. M. WALKER remarked that he had already used silygium in a number of cases of diabetes with good effect.

DR. W. B. TRITES asked if any one knew of provings made with silygium.

DR. CLARENCE BARTLETT said that so far as he knew, there were no published provings of this remedy by our school. A short note in the *Lancet* two or three years ago, announced that silygium would produce glycosuria. This he believed to be the foundation of our use of this remedy in diabetes.

DR. CHARLES MOHR read a paper on "A Case of Cancer *vs.* Erysipelas and Arsenic." This paper was discussed by Drs. T. S. Dunning and J. C. Morgan.

DR. G. MAXWELL CHRISTINE read a paper entitled "Some General Remarks on Bloodletting," in which he advocated that measure under certain circumstances. This paper was discussed by Drs. L. B. Hawley, of Phoenixville and J. C. Morgan, of Philadelphia. Both of these gentlemen had in their early days practiced allopathy, and had made use of the lancet freely. They agreed that their results in pneumonia and other diseases had been much better since they aban-

doned the practice of bleeding. Dr. Morgan even remarked that his lancet had been as constant a companion as his watch-key.

DR. W. C. GOODNO read a paper on the "Early Diagnosis and Treatment of Phthisis Pulmonalis." (This paper will appear in a future number of the *HAHNEMANNIAN*.) After ordering that the Report of the Bureau of Clinical Medicine should be continued on the following morning, the Society adjourned.

*Third Day—Closing Session.*—DR. W. J. MARTIN, of Pittsburgh, described "A Case of Pulmonary Tuberculosis, and the Results of One Dose of Calcarea Carb., 50,000th."

The patient was a young lady, eighteen years of age, whose family history gave a strong tendency to tuberculosis. Examination showed a well-marked and circumscribed depression over the apex of the left lung, with dulness on percussion. Auscultation showed rough respiratory murmur at this place. Expansion two inches, no cough, pulse 96, and temperature 99.5° in the afternoon. The girl had commenced to menstruate very young; menses were always too early and too profuse, and preceded by leucorrhœa; she sweats readily and profusely, especially the palms of the hands and soles of the feet; temperament decidedly leuco phlegmatic. Calcarea carb. 50,000th was prescribed. Improvement began at once, and in four months' time the patient had recovered; the most careful examination failed to detect any trouble with the chest.

DR. CHARLES MOHR then opened the discussion on the papers read by Drs. Goodno and Martin. He said that he believed that the cure in Dr. Martin's case was the result of the single dose of calcarea given. In the majority of cases the homœopathic prescriber required no other curative agent than his remedies, *i.e.*, the similitum. It depends largely on the patient's susceptibility and idiosyncrasies whether a high or low potency should be prescribed. While cases requiring energetic antipyretic treatment might arise, still he had never been obliged to resort to such a course. There was a time when the old-school physicians used quinine as an antipyretic in cases like that of Dr. Martin's. Now they use antipyrin. The speaker believed that the time would come when antipyrin would sink into obscurity as has quinine.

He was glad to hear Dr. Goodno say that in the early recognition of phthisis pulmonalis lay our hope of restoring the patient to health. Dietetic and hygienic treatment should be enjoined in all cases. Nutritious food should be ordered. While exercise is of importance, rest is equally so. Phthisical patients should be supplied with a clinical thermometer. When they found their bodily temperature to be over 100° F., then rest should be taken. When there is a family tendency to phthisis, treatment should be begun as soon as possible after childhood.



Referring to the climatic treatment of phthisis Dr. Mohr said that he thought the recommendation made by many physicians, that the patient go away for a few months, worse than useless. When it is decided that phthisis has fully developed, if any change of climate is to be made it must be a radical and permanent one; and it must be to a place where the patient will do the best.

DR. B. W. JAMES said that in advising a change of climate in phthisical cases over half the cases were sent to the wrong place. Hæmorrhagic cases should not be sent to a warm relaxing climate like that of Florida.

DR. D. P. MADDUX, of Chester, said that he had seen patients that had been sent to Colorado made decidedly worse by the change. Hæmorrhagic cases do much better in a warm climate. It is not advisable to send hæmorrhagic cases, or those having any trouble with the heart, to Colorado.

DR. E. R. SNADER said that he had spent one year in Colorado. The opinion of physicians in that State is that non-hæmorrhagic cases do better than do those that have not had hæmorrhages prior to coming there. Persons to whom a certain degree of atmospheric moisture is necessary for comfort, cannot get along well in Colorado. The indications for sending a patient to Colorado are: Few hæmorrhages, slight bronchitis, a good heart, and the fact that they feel best on clear bracing days.

DR. J. K. LEE thought that in cases of families with phthisical tendency, we should send them to a suitable climate without waiting for the development of the disease. Our mistake is in sending the patient away too late. Oft-times he believed that the physician sent the patient away for no other reason than that he had grown tired of treating the case by reason of his lack of success.

This closed the discussion on the treatment of phthisis.

DR. E. R. SNADER read a paper entitled "Some Suggestions Respecting the Treatment of Uncomplicated Cardiac Hypertrophy."

Dr. Snader said that "The non-medicinal treatment of simple hypertrophic enlargement of the heart has received but slight consideration from medical men. 'Rest' seems to be the only condition upon the observance of which great importance is laid. In many ways the symptoms of patients so affected can be markedly alleviated by treatment outside the domain of mere drug prescribing. Each state must be considered by itself, and a mode of living laid down for the individual upon conditions and symptoms in the patient which appear to indicate a certain definite line of life that is suitable alone for the person prescribed for. Rest and exercise are important in most cases, the first particularly in cases where there is beginning dilation. This does not mean absolute repose. Judicious massage should be employed, and when the symptoms are slight and the patient strong, the muscular system should be kept up by vigorous and violent movements, as

dumb-bells, Indian clubs, etc. In these movements the cardiac muscle is not called upon to exercise the great power necessary in manual labor. Violent palpitation is sometimes subdued by a warm bath. Where the skin is dry and kidney action excessive, use warm baths and friction, but when the superficial capillaries of the skin are dilated, cold baths are of more service. All articles of food which agree should be used. Those which give rise to palpitation should be rigorously excluded. Palpitation must be speedily controlled, as it often leads to hypertrophy. The diet should be largely albuminoid, particularly if there exists a tendency to excessive fat. No carbonic acid table waters should be used. Stimulants are forbidden except in a few rare cases where it is found that small quantities aid digestion. Constipation should not be allowed to exist. Water taken before retiring at night and before breakfast in the morning, with a regularly established time for moving the bowels, will frequently act as a laxative. Milk is of use where solid foods are not well handled by the stomach or where dilation is threatened."

DR. W. B. TRITES then read his paper on "Homœopathy in the Treatment of Syphilis," in which he endeavored to explain the difference in the results obtained by Hahnemann and those of the present day.

Papers as follows were read by title and referred for publication: "A Sulphur Case," by William A. Haman; "Unsuccessful Clinical Experience," by Dr. Z. T. Miller; and the "Treatment of Gastric Catarrh," by Dr. E. C. Parsons.

The report of the Bureau of Pathology was called. A motion was made that the papers of this bureau be read by title and referred for publication. Dr. L. H. Willard objected to this as an act of injustice to the authors, who were present and prepared to go on. The motion was lost. The time of adjournment was postponed indefinitely to permit of the completion of the programme. The papers of this bureau were two in number: "Neoplasms and their Genesis," by W. K. Ingersoll, M.D., and "Anatomical Lesions in Inveterate Intermittent Fever," by J. C. Morgan, M.D.

This closed the bureau reports, and the Society proceeded to the transaction of general business. The censors reported favorably on the applications for membership of Drs. W. H. H. Jackson, of Oil City; J. E. Harner, of Honey Brook; H. C. Chisolm, of Harrisburg; and C. B. Jennings, of Reading. These gentlemen were therefore elected members of the Society.

The Committee on President's Address reported as follows:

PHILADELPHIA, September 20, 1888.

Your committee to whom was referred the Address of the President, begs leave to report as follows:

The address, as a whole, and especially its careful collection of medical statistics, and its masterly argument in favor of wiser and more equitable legislation regarding our State public charities, merits the highest approbation of this Society, and the thanks of an interested public.



As relating to the suggestions and recommendations contained in the Address, we offer the following recommendations :

A. As to the proposed change in the time and place of holding the annual sessions of this Society, the By-laws, Article I, Section 1, provide that the Society at each annual meeting shall decide the time and place for the next meeting. This leaves it free to try any new method at any time, yet without binding it to any particular custom. Hence we do not recommend any modification of the By-law, but suggest that the subject of a change in our custom be considered, when the time and place of next year's meeting is being acted upon.

B. As to the publishing of papers outside of the Society's Transactions, we recommend

1st. That in Article VII, Section 1, of the By-laws, the final words "previously published" be superseded by the words "published previous to its presentation."

2d. That a new section be added as follows : "Section 2. Any paper may be published in a medical journal at any time subsequent to its presentation, provided that it be prepared in duplicate and the original retained in the custody of the Committee of Publication."

3d. That sections "2, 3 and 4," of Article VII of the By-laws, be re-numbered 3, 4 and 5 respectively.

C. As to the collection, collation and promulgation of statistical information, we recommend, for adoption, the following :

"*Resolved*, That the Bureau of Organization, Registration and Statistics be, and hereby is, requested to adopt as its 'special subject' the collection and collation of statistics relating to the comparative results of homœopathic and non-homœopathic treatment of disease in its various types, and in both hospital and private practice, that the utmost care be exercised, to secure accuracy in the entire work, and that all necessary information substantiating the reliability of the facts and figures obtained, be embodied in the annual reports of the bureau."

D. As to the need of hospital charities in the State, we recommend the following for adoption :

"*Resolve* 1, That for the ensuing year the Committee on Legislation shall contain at least five members, representing various sections of the State, and that its special duty shall be to prepare and publish as soon as practicable, an address, embodying such statistical information, and such other matters as may be deemed necessary, to influence legislation favorable to the establishment and support of homœopathic hospitals for the insane and for other homœopathic charities; and further that the committee be authorized to publish an edition of said address, sufficient to furnish copies to each member of the legislature, and to all physicians who may need them."

PEMBERTON DUDLEY,

J. K. LEE,

W. J. MARTIN,

JNO. E. JAMES,

JOSEPH E. JONES,

Committee.

The report of the Committee was received, its recommendations adopted, and the By-laws ordered to be changed in accordance with its provisions.

The Society then proceeded to discuss the matter of printing the Repertory. After a long discussion, it was decided that an assessment of two dollars should be levied on each member in order to provide for the publication of the work; that the Bureau of Materia Medica should have editorial supervision of the work; and that it

should be bound separately from the Transactions proper. Opportunity for non-members to purchase copies was given, after which the election of officers took place and resulted as follows :

President, Dr. William B. Trites, Manayunk ; First Vice-Pres., Dr. C. F. Bingaman, Pittsburgh ; Second Vice-Pres., Dr. John Malin, Germantown ; Treasurer, Dr. J. F. Cooper, Allegheny ; Corresponding Secretary, Dr. E. R. Snader, Philadelphia ; Recording Secretary, Dr. J. Harwood Closson, Germantown ; Necrologist, Dr. W. R. Childs, Pittsburgh ; Censors, Dr. S. F. Shannon, Dr. Clarence Bartlett, and Dr. Sarah J. Coe.

The Society then adjourned to meet in Pittsburgh, in September, 1889.

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## CORRESPONDENCE.

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### ARNICA MONTANA.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY :

IN the HAHNEMANNIAN MONTHLY for May last you publish an interesting paper from Dr. M. W. Van Denburg, of Fort Edward, respecting *arnica montana* and the arnica insect, or one of them. I believe there are several common to the plant, and it would be well to look them up, and find out whether they have any irritating properties if fed on other plants ; it is well known that insects often partake of the poisonous properties of plants that they feed upon ; for instance, "poisonous honey from bees gathering from poisonous plants ;" and it may be that if either of the arnica insects are irritating, that the irritation is due to their food-plant (*arnica*). I shall endeavor to set this matter right by getting and experimenting with the insect, and will give the results at some future time. My own opinion and conviction of the matter is that the insects found on arnica have nothing whatever to do with the irritating effect of the tincture ; I will give my reasons : Some years ago, in order to find out if this irritation was due to the insect or to the arnica, I had collected for me on the Engadine some fresh green roots of arnica ; they came to me in perfect condition, and were carefully and thoroughly cleansed and a tincture made from them, and it may be fairly assumed there was no arnica insect on them. Just about this time I chanced to know a gentleman who was excessively susceptible



to the action of arnica in *any* form applied to his skin. I put the case to him, told him that many believed the irritation produced on the skin by tincture of arnica was owing to an insect that infested the flowers, that I had taken great pains to get the root, and I was sure there was no insect whatever on it; would he let me apply the tincture *once* to his skin, just to be sure that it was not the arnica itself that did the mischief; I need scarcely say I felt quite sure before, but if I had known the trouble I was going to create I should have hesitated, although it was for the cause of science. With one application of the pure tincture made from the green arnica root to his right knee I produced the most terrible and characteristic eruption, and to such an extent that he was laid up for two or three weeks, the whole knee being greatly inflamed. All that time his feelings toward me, I have reason to believe, were of a very profound character. However, he got over it, and if I was not advantaged, I trust the point scored, *i.e.*, Arnica *v.* Arnica insect, may be of interest to some of your readers.

There is another point of interest in connection with arnica irritation: A little liquor ammonia added to the arnica or the arnica lotion will prevent it entirely, even on the most sensitive skins, and it will not interfere with its curative effects in bruises or sprains.

I am, dear sirs,

Yours truly,

ALFRED HEATH, F.L.S.

114 EBURY STREET, LONDON, ENGLAND.

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DR. J. W. HAYWARD'S MONOGRAPH.

MESSRS. EDITORS:

Please allow me to correct a misconception in my article upon snake poisons, relating to Dr. Hayward's work. Its subject is, *not* the cobra, as therein stated, but the rattlesnake; and my examination of a copy just received through the courtesy of the author makes me regret that I have not before seen it, since it is an admirable digest of the homœopathic uses of *Crotalus*, with copious references to other venoms employed as drugs in our school. The volume forms part (pages 152 to 381) of a larger work, *viz.*, *The Materia Medica, Physiological and Applied*, resulting from the combined labors of our indefatigable British colleagues.

JOHN C. MORGAN.

## EDITORIAL DEPARTMENT.

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### DIABETIC AFFECTIONS OF THE EYE.

THE relation between diseases of the eye, especially diseases of the optic nerve and retina, and diseases of the kidney, has long been known, while a similar relation also existing between diabetes and ocular affections (while tacitly admitted by all to exist) does not seem to have been well recognized by the profession. The subject of diabetic affections of the eye is a comparatively new one. Tyson's valuable work on "*Bright's Disease and Diabetes*," published in 1881, makes only slight mention of it; the author merely reports an interesting case of intraocular lipæmia, and makes a passing reference to the occasional existence of such ocular complications as loss of accommodating power, amblyopia and atrophy of the optic nerve.

The seven years that have elapsed since the publication of Dr. Tyson's book have added greatly to the knowledge of this interesting subject. We have learned that diabetic affections of the eye are of much more frequent occurrence than was ever supposed. We may now assert that keratitis, iritis, irido-choroiditis, haziness of the vitreous, floating opacities of the vitreous, cataract, retinitis, amblyopia, and atrophy of the optic nerve, are occasional complications of diabetes.

Beginning our study of the subject with the affections of the outer coats of the eye, we come first to keratitis. Cases of this affection resulting solely from diabetes are exceedingly rare, still such have been reported by Leber and Weisinger.

Iritis, however, has been more frequently noted. Leber, himself, reports nine cases. Other cases have been recorded by Abadie, Noyes, Galezowski, and Moore. The cases of Abadie and Galezow-



ski continued for two years. That of Moore only supervened two months before the death of the patient from diabetes.

The keratitis and iritis of diabetes are usually suppurative in character and are attended by a fibrinous exudate. When syphilis and rheumatism can be excluded, the urine should always be examined in these cases.

The most frequent ocular complication of diabetes is defective accommodation. Hirschberg, who has devoted much time to the study of this subject, divides these cases into three classes. The first of these includes those cases in which the patient, if not yet forty-five years of age, either needs no glasses at all, or else is enabled by their aid to read the finest print; but he finds that his eyes have lost their power of endurance. With regard to this class we might add that it is not uncommon for perfectly healthy persons, between the ages of forty and forty-five, to complain of presbyopia or lack of endurance in the accommodating power, especially if they be hypermetropic. Hirschberg's second class includes cases of true paralysis of the accommodation without affection of the pupil. The third variety makes its appearance suddenly as a dimness of vision. Cases of this class were formerly supposed to be instances of diabetic amblyopia. All three classes improve under anti-diabetic treatment.

The vitreous body in diabetes is subject to two varieties of opacities. One of these consists of a mere cloudiness which, as it is more or less intense, produces a corresponding deterioration of vision. This haziness improves under suitable treatment. The other diabetic affection of the vitreous is floating opacities in that body. These appear to be the result of the escape of blood in small quantities from retinal hæmorrhages. This class of cases is not so amenable to treatment as is the former.

Like defects in the accommodation, cataract is a very frequent complication of diabetes. According to Graefe, it is to be found in one-fourth of the cases of diabetes. Other authorities meet with it less frequently. Griesenger observed it in twenty out of two hundred and twenty-five cases; Frerichs in nineteen out of four hundred; Roderts believes that cataract occurs once in forty-five diabetics; and Bouchardat, once in thirty-eight. Moore (from whose paper in the *Post Graduate* for April, 1888, these figures are quoted) finds that out of eight hundred and fifty-eight cases of diabetes collected from all sources, cataract occurred in one out of every seventeen. It is usually to be observed in the later stages of the disease, although numerous instances have been noted in which the dimness of vision

has led to the discovery of the diabetes. It may be said, that, as a rule, the cataract involves both eyes, although it matures more rapidly in one than the other. In many of these cases the lens contains only a few striæ, which do not perceptibly interfere with vision, and which disappear as soon as the general condition of the patient improves. The question of operative treatment in cases of diabetic cataract here presents itself. According to the rule laid down by Jüngken, eye operations should not be performed on subjects suffering from constitutional dyscrasiæ. This, however, appears to find an exception in the case of diabetic cataract. Hirschberg, in twenty cases operated, was successful in all but one. Von Graefe, likewise, operated frequently on diabetic cataract without unfavorable results. As regards the degree of improvement of vision to be obtained by the operation a guarded prognosis must be given, as it may readily happen that the cataract is associated with deeper-seated intraocular changes.

Amblyopia, similar in character to that which occurs in uræmia, has been known to complicate diabetes. Like uræmic amaurosis, it is probably due to some peculiar condition of the blood. It is usually associated with no ophthalmoscopic changes. It more frequently comes on suddenly than otherwise, and rarely increases to complete blindness. It is especially liable to be mistaken for tobacco and alcohol amblyopia, as its symptoms are much the same as those of that affection. Galezowski makes the distinction between the two diseases as follows: Toxic amblyopia affects both eyes, diabetic amblyopia but one. Moore, on the other hand, attaches but little value to this distinction made by Galezowski, as, in his cases, diabetic amblyopia has affected both eyes. The prognostic significance of amblyopia in diabetes is viewed differently by different observers. Thus Hirschberg regards it as a symptom of the most serious character, not only as to the permanence of the visual disturbance, but also as to life. Moore, on the other hand, says that the amblyopia is apt to increase and decrease as the diabetes progresses or improves. A characteristic condition in diabetic amblyopia is a central scotoma for certain colors, notably for red and green.

Lastly, we come to speak of the retinal changes met with in diabetes. These are only observed in the later stages of the disease, and are, in consequence, to be looked upon as very serious symptoms. In some instances they are associated with albuminuria and organic kidney disease. That the retinitis is not, in these cases, the result of the renal lesion is shown by the fact that they have been observed in cases in which the kidneys were shown to be perfectly normal.



The retinitis of diabetes bears a great resemblance to the retinitis of Bright's disease and pernicious anæmia. To distinguish it from the retinal inflammation of these diseases we may rely upon the following points: Diabetic retinitis is exceedingly apt to be associated with hæmorrhages into the vitreous, which is not the case with the other affections named. The white spots indicative of degenerative changes are scattered over the whole fundus, whereas, in retinitis albuminurica, they are more marked at the macula. Occasionally, however, cases may be observed in which the spots are arranged in a circle about the macula, as described by Noyes, Desmarres, Ealey, and Culbertson. This last-mentioned condition may exist in cases in which most careful investigations fail to discover albuminuria. In diabetic retinitis there is often an atrophy of the optic nerve, which has all the ophthalmoscopic appearances of idiopathic atrophy. In retinitis albuminurica the optic nerve atrophy is secondary to a preceding neuritis.

These retinal changes of diabetes are somewhat frequent. According to Badal (quoted by Moore), out of fifty-two cases of diabetic eye affections, retinitis was found seventeen times.

An inquiry into the pathology reveals the fact that these retinal changes result from hyaloid degeneration of the interna of the arteries, and from numerous capillary aneurisms. We thus have the explanation of the marked hæmorrhagic tendency. The vessels of the brain and spleen are similarly affected.

Hæmorrhagic glaucoma has been observed as a complication of diabetes.

Sight must not be lost of the fact that coarse cerebral disease may give rise not only to optic neuritis but to glycosuria as well. A case of this character, in which the autopsy revealed a tumor in the floor of the fourth ventricle, has been reported by Grosmann.

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## GLEANINGS.

### Catarrhal Jaundice Treated with Cold Water Injections.

Krull and Barle recommend, in catarrhal jaundice, the injection into the bowel of one or two litres of water, 12° R. Subsequent injections given once in twenty-four hours, must be made three degrees warmer. The gray color of the feces soon disappears and the bile in the urine passes away. All the other manifestations, the itching and the yellow mottling of the skin, disappear with the diminution of the volume of the liver; even polyuria sets in, though the urine was at first scanty.—*Med. Wochenschr.*, 23, 1888. S. L.

### Paralysis of Convergence in Locomotor Ataxia.

Borel thinks that the division of the roots of the oculo-motorius into multiple nuclei may explain the occurrence of this paralysis of convergence, since the nuclei of the internal recti occupy the median part of the floor of the aqueduct of Sylvius. It is supposable that a portion of this nucleus presides over convergence, and another directs the lateral movements. These examples of tabetic paralysis of the associated movements of the eyes certainly do not belong to the category of peripheral paralyses caused by ataxic neuritis. The muscular asthenopia of ataxia may easily escape recognition if the visual acuity of both eyes does not admit of a manifestation of the difficulties of convergence. The temporary character of these lesions in the associated movements of the internal recti muscles is a proof that they should be regarded as actual paralyses. No case can be regarded as belonging to this category in which the visual field is not normal. Moreover the power of convergence is by no means always interfered with in ataxia; on the contrary it may be markedly increased. Still, the centre for convergence is frequently involved in the disease, but there is frequently no relation between the degree of the paralysis, measured by the perimeter, and the maximum of convergence. Sometimes the field of vision examination shows the oculo-motorious to be intact, and here we attribute the cause of the variations of the amplitude of convergence to a concomitant lesion of several centres presiding over different movements.—*N. Y. Medical Journal*, Aug. 11, 1888.

### Renal Syphilis with Hæmoglobinuria.

At a meeting of the Hospitals Medical Society of Paris, M. Hayem read a paper on Hæmoglobinuria, in which he described the case of a woman, 32 years of age, who on the day she came into his service passed red-colored urine. The microscope showed the presence of red blood-corpuscles, and spectroscopic examination gave two faint bands of oxyhæmoglobine and one of urobiline, but the band of methæmoglobine and of hæmatine were absent. The urine contained albumin but not constantly, it being most abundant during the menstrual periods. The blood was present for one day only, and though the patient was exposed to the action of cold in order to produce it, it did not reappear; but the albumin was always found in greater quantity after such exposure. The woman complained of pain in the left lumbar region, and she had cold sensations, horripilation, and cyanosis in the extremities, chiefly on the left side. The author thought that there was some affection of the left kidney, and that the trouble was tuberculosis. Under the influence of a tonic treatment the patient's condition improved somewhat, but as she complained frequently of headache, was losing her hair, and presented some crusts on the scalp, he finally arrived at a diagnosis of renal syphilis, and instituted treatment accordingly. Under the administration of mercury and iodide of potassium, the



headaches and other pains were speedily relieved, and soon all signs of the renal affection disappeared.—*Medical Record*, August 11, 1888.

#### Spinal Manifestations of Gonorrhœa.

M. Hayem and M. Parmentier have lately contributed an article to the *Revue de Médecine*, in which they describe certain affections of the spinal cord as directly due to gonorrhœa. The authors have endeavored to extend the range of certain observations made by recent writers in this country and in England, and add to their precision. It seems that in a few persons suffering with gonorrhœa such spinal phenomena are met with as a zone of pain, fulgurant pains in the lower limbs, double sciatica, hyperæsthesia, exaggeration of the patellar reflex, epileptoid trepidation, enfeebled motility, and atrophy of the muscles of the legs and thighs. Ordinarily these phenomena appear in company with articular affections, and with them show periods of exacerbation and amelioration. The time of their onset seems to bear no definite relation to that of the beginning of the gonorrhœa. They may be grouped in three classes: Disorders of sensibility, those of motility, and those of both sensibility and motility. The manifestations are always confined to the lower limbs, and the spinal lesion is generally a congestion or a meningo-myelitis affecting the posterior or the postero-lateral columns of the cord.—*N. Y. Medical Journal*, August 18, 1888.

#### Mechanical Treatment of Pityriasis Versicolor.

Mansurow, of Moscow, has less confidence in antiseptic treatment than in the mechanical treatment practiced by him for this affection. In one of his patients suffering from pityriasis on the trunk, he applied, on account of pleurodynia, charta picis, and when he took it off at the end of six days, the skin of that part was found perfectly normal, whereas the surrounding parts were as brown as formerly, and covered with spots. The experiment has since then been frequently repeated. The upper skin with all its furrows adhered to the paper on its removal. This shows that the fungus thrives only in the upper layers of the epidermis, and that we deal with an acrobe parasite, which cannot go deeper but remains imbedded in the pitch.—*Journal de Dermatologie*.  
S. L.

#### Hystero-epileptic Attacks Suppressed by Hypnotic Suggestion.

P. Sollier reports the case of a young woman, neurotic by heredity, who suffered with convulsions from childhood. She was exceedingly irritable. She had her first hysterical attack in her nineteenth year, after severe emotional disturbance. Fifteen months later she had a second from similar causes. Now she has them daily, and of such severity that she is unable to do any work. She therefore entered the hospital, where all treatment failed. Hypnotic suggestion, only, succeeded in stopping the attacks though the hysteria remained. She is still anæsthetic to the prick of a pin. She also suffers from diminution of hearing in the left ear, and of vision and smell. She still has hallucinations of sight and hearing.—*Progrès Médical*, 42, 1888.  
S. L.

#### Massage in Chronic Constipation.

According to Buxler, it is very important how massage is applied for the cure of chronic constipation. When there exists a weakness of the abdominal walls strong horizontal strokes are needed; when any of the intestinal muscles is the cause, rough handling is forbidden, as then mild effleurage, gradually penetrating deeper and deeper, is more apt to succeed. Massage may also act well in dyspepsia with or without dilatation of the stomach, in constipation from cerebral or spinal neurasthenia, in which case strong slapping of the abdominal wall is needed, in intestinal paralysis and remaining dulness after local or general peritonitis, and finally for hæmorrhoidal knobs.—*Schweizer Correspondenzblatt*.  
S. L.

#### Obstinate Epistaxis Accompanying Interstitial Nephritis.

Dr. Gaucher reports the case of a distiller taken with an obstinate attack of epistaxis which even plugging the posterior nares failed to check. Examination of the urine revealed the presence of large quantities of albumin. This had been overlooked, as the patient had never complained of œdema, visual disturbances, or cardiac or urinary troubles. The diagnosis was interstitial nephritis caused by the constant inhalation of ethyl vapor. An absolute milk diet was ordered which gradually restored the patient's health. This case shows the value of milk diet in this disease, and that most severe epistaxis may be an accompaniment of arterio-sclerosis of the kidney.—*Allgem. Med. Centr. Zeitung*, 55, 1888. S. L.

#### Hot Water in Hæmorrhage.

Dr. Flascher not only verifies the use of hot water in epistaxis but considers the drinking of water as hot as can be borne, in quantities of one-half to three-fourths of a wineglassful, as the most safe and most agreeable treatment in hæmorrhage from the stomach. That coagulation takes place quickly is shown by the large blood-clots ejected without causing further hæmorrhage.—*Allgem. Med. Centr. Zeitung*, 55, 1888. S. L.

#### Etiology of Vulvo-vaginitis in Infancy.

During the last 12 years, Dr. Pott, of Halle, treated nearly 9000 girls, and met with vulvo-vaginitis 86 times; 56 times prior to the fifth year, 23 times between 5 and 10 years, 7 times between 10 and 15. The causes of the trouble are both constitutional and local. In most cases gonorrhœal infection may be traced. This infection hardly ever dates from birth. Children between 2 and 4 years of age constituted most of his cases. They had been infected by their gonorrhœic parents, either by sleeping with them or by direct infection of the vaginal mucous-membrane by contaminated bed-linen. With little boys the infection is not so frequent, as the mucous-surface is not so open, though balanoposthitis is often enough seen.—*Centralbl. f. Gynecol.* S. L.

#### The Action of Different Drugs and Poisons on the Secretion of Bile.

Prevost and Binst made biliary fistulæ on two dogs in order to study the secretion and elimination of bile. They arrived at the following conclusions: 1. Both dogs remained perfectly well, though they did not digest the fat introduced with their food. 2. The quantity of bile secreted increased generally after taking food, and especially after taking food rich in peptones. After taking food rich in fat the increase of bile was insignificant. 3. It takes a large quantity of water, be it cold or warm, to increase the secretion of bile,—at least 150 to 200 ctm. Large rectal injections, as recommended by Kruell against jaundice, failed to increase the production of bile in the dogs.

In relation to drugs and poisons their experiments showed: 1. Drugs which increase the secretion of bile. Bile either in extract or nature (and the same effect is witnessed whether it be from oxen, hogs, sheep or dogs). It takes 3-4 ctm. to kill a rat, 6-10 to kill a guinea-pig. Death mostly sets in with symptoms of collapse. At the autopsy the intestines are found full of fluid, sanguinolent matter. The urine sometimes had a bloody color. Taken per orem dogs bear well quantities of 40-50 ctm., whereas larger doses produce vomiting. The secretion of bile is also increased by urea, turpentine, terpene, the kalis, benzoin, salicylate of soda, salol, and muscarine. 2. Far less is this the case with bicarbonate of soda, the chlorate of soda, the sulphate of soda, Carlsbad salts, propylamine, antipyrine, aloë, rheum, hydrastis, and ipecacuanha. 3. The secretion of bile is diminished by the iodide of potassium, calomel, ferrum, cuprum, atropine, and strychnine. 4. The following drugs have no influence on the secretion of bile: Phosphate of soda, bromide of potassium, lithium chloride,



mercuric chloride, arseniate of soda, alcohol, ether, glycerine, quinine, caffeine, pilocarpine, kairin, senna, columbo.

Of the drugs given to the dogs the following were discovered in the bile discharged by the fistulæ: Terpene, salol, salicylic acid, potassium bromide, potassium iodide, arsenic, iron, lead, mercury, caffeine, fuchsin, cochineal. After the use of ox-bile glycocholic acid could be detected, and this is never present in the bile of dogs. The following drugs were not discoverable in the bile: Antipyrine, kairin, benzoin, hippuric acid, strychnine, copper, lithium and urea. These experiments show that the bile, like the saliva and perspiration, does not play such an important part as the urine, as a reservoir for substances taken into the organism and then excreted. In fact, it seems that the liver exercises a rather elective attraction for substances suited to it, especially for bile. The intensity of the secretion of bile produced by any substance does not depend on the fact whether or not a drug introduced appears in the bile.—*Semaine Medicale*, 28, 1888.

S. L.

#### Antipyrine in Menstrual Colic.

Dr. Windelschmitt recommends the use of antipyrine per anum in cases of menstrual colic. His dose is two grammes. Its action is often manifested in less than half an hour and rarely is repetition necessary. It showed itself especially useful in two cases where all other treatment failed. In one of the cases severe spasms had been endured for one week. The use of the drug was followed by deep sleep, from which she awoke refreshed and in good spirits. Disagreeable complications, with the exception of strong perspiration and slight ischuria, were not observed. To prevent collapse the patient should take occasionally a glass of wine.—*Allgem. Med. Centr. Zeitung*, 53, 1888.

S. L.

#### Total Absence of Uterus and Vagina.

Dr. Klein publishes, in the *Gazette Méd. de Strasbourg*, 8, 1888, the following interesting case: A woman, aged 27 years, always enjoyed uninterrupted good health till she was 21 years old. She had never menstruated. Severe headache, drawing in lumbar region extending to the thighs and knees, now set in. Since then, these pains continue, more or less, all the time, but are worse every three weeks, when she also has, regularly, attacks of nosebleed. The patient, a hardy woman, has well-developed mammae; nothing abnormal can be detected on the external genitals; the pelvis is somewhat diminished in its dimensions, and the introitus vaginae closed by a tough, tense membrane, yielding only to strong pressure. Examination under chloroform narcosis reveals a total absence of vagina and uterus, and a sound introduced into the bladder could be felt directly from the rectum. Both ovaries, of normal consistency and size, are easily palpated, lying in their regular places and are connected together by a cord running horizontally through the pelvis. This cord seems to consist of several divisions. As the bladder and rectum lie so close together, the formation of an artificial vagina seemed contraindicated. Ovariectomy was proposed, and declined. The normal ovaries, with vicarious epistaxis, render the case worthy of record.

#### Erythromelalgia of the Sole of the Foot.

Marcacci treated a young man suffering from intense burning pain in the soles. The heel and the anterior third of the foot, corresponding to the toes, were red, and were affected with a severe burning pain; worse on motion, and better when quiet. He was a great walker, but long journeys on foot caused maceration of the epidermis. Vasomotor disturbances and excessive muscular exertion were the etiological factors; and though treated by several physicians his sufferings continued; even galvanism failed to give the desired relief. He was then sent to a hydropathic establishment where he was for several months; gradually, the pains disappeared, so that he can again follow his inclination for long journeys on foot.

### High Altitude, the Climatic Treatment for Morbus Basedowii.

Prof. Stiller, of Pest, Hungary, reports two cases of exophthalmic goitre treated by high altitude, after the failure of galvanization of the sympathetic. Besides the characteristic symptoms of the disease, the patient also suffered from hypertrophy of both sides of the heart. High altitude (1000 metres) always relieved her during the summer, but in the winter, the city with its duties and tribulation always brought on a return of the symptoms but in a milder degree than before. The other patient, also a female, recovered fully by removing to a higher altitude. She was a greater sufferer than the other patient, as she had quite marked dropsy. Prof. Keth considers climatic treatment beneficial only so long as no dropsical symptoms are present, but Stiller thinks it even then worth a trial. When we consider morbus Basedowii as a neurosis, it will be clear that we must look upon the cardiac affection associated with it, as different from the ordinary heart-troubles and the dropsies emanating therefrom. Only thus can we explain the inefficiency of digitalis in morbus Basedowii. Even in other cardiac affections, especially during the stage of compensatory disturbance, would it be worth while to try the pure atmosphere of high altitudes.—*Wiener Med. Wochenschrift*, 27, 1888.

S. L.

### Motor Functions of Certain Cranial Nerves.

Messrs. Beevor and Horsley have been instituting experiments on the monkey to determine certain points in the function of the 5th, 7th, 9th, 10th, 11th, and 12th cranial nerves. They arrive at the following conclusions:

*Fifth Nerve*.—Excitation of the motor root of the trigeminus evokes powerful closure of the jaws, and although the muscles of one side only were in action, the teeth were approximated without any lateral deviation of the jaws.

*Seventh Nerve*.—Stimulation of the facial nerve in the internal auditory meatus failed to cause, even with the most powerful currents, the slightest movement of the soft palate, although the face was thrown into most violent spasm. The true motor-nerve supply of the levator palati is, according to their observations, the eleventh cranial nerve.

*Ninth Nerve—Glosso-pharyngeal*.—Excitement of this nerve besides producing movements of the pharynx, which the experimenters attribute to contraction of the stylo-pharyngeus and possibly to the middle constrictor of the pharynx; stimulation of this nerve beneath the stylo-hyoid ligament and uncut, gave in two instances elevation of the palate on the same side, and in one instance on both sides; but in one case they saw elevation of the palate on the same side when stimulating the peripheral end of the cut nerve.

*Tenth Nerve—Vagus*.—In stimulating the uncut nerve outside of the skull, below the level of its junction with the hypoglossal, rhythmical movements of swallowing were produced, which occurred at the rate of twenty-five times in thirty-five seconds. These movements must, of course, be reflex, the stimulus acting on the nerve in a centripetal direction. When the nerve was cut, stimulation of the peripheral end failed to produce these movements.

*Eleventh Nerve—Accessory*.—The experimenters find that the levator palati is supplied only by this nerve.

*Twelfth Nerve—Hypoglossal*.—When the entire nerve was excited outside the skull, just below the point where it is joined by the first cervical nerve, the tongue was flattened posteriorly on the same side and the tip protruded on the same side, while in no case was there any heaping up of the tongue. At the same time the depressors of the hyoid bone were thrown into action, and in some cases this dragging downward of the hyoid bone completely prevented the tongue from being protruded. The movements described above were repeated without any alteration, when the peripheral end of the cut nerve was excited at the same place. When the cut nerve was



stimulated within the skull, the tongue was flattened behind and protruded toward the same side, but there was no action of the depressors of the hyoid bone. It has always been held that the depressors of the hyoid bone received their motor nerve supply from the hypoglossal through the descendens noni; but according to the observations of Beevor and Horsley, these muscles are supplied by the first and second cervical nerves.—*British Medical Journal*, August 4, 1888.

#### Earliest Symptoms of Inherited Syphilis.

Miller, of Moscow, calls attention to fissures of the upper lip as a sign of hereditary syphilis. Parrot regards such as unmistakable signs of hereditary syphilis. It certainly forms a very early and frequent manifestation. The very earliest fissures on the upper lip are generally two placed symmetrically on either side of the central portion. Relatively nearer are fissures of the lower lip. When such do occur, there is usually only one, and that in the centre of the lip; but afterwards others may occur and uniting form ulcers. They are very painful, difficult to heal, and leave white scars, which are very persistent.—*The Medical Analectic*, August 16, 1888.

#### Vomiting of Pregnancy Treated by Rectal Injections of Carbonic Acid.

In 1883 Dr. A. A. Rose first suggested the introduction of carbonic acid gas into the vagina as a means of relieving the nausea and vomiting of pregnancy, his idea being to make use of the well-known anæsthetic effects of the gas on mucous membranes. The idea of introducing carbonic acid into the rectum instead of into the vagina in cases of vomiting of pregnancy, first suggested itself to Dr. Adrian Schucking, of Pymont, Germany. He, however, used water highly charged with carbonic acid. Dr. Rose in his cases confined himself to the inflation of the rectum with the gas. His results were invariably gratifying. He now never meets with a grave case of vomiting of pregnancy, because, so he believes, he uses his gas treatment early in the case.—*Medical Record*, August 18, 1888.

#### Hot Water in Diseases of the Eye.

Connor recommends baths of hot water as a means of treatment in various diseases of the eye, from simple catarrh to scleritis, iritis, and hyperæmia of the retina. When with the instillation of a mydriatic the pupil fails to dilate sufficiently, hot water aids the action; in catarrhal and purulent ophthalmia it limits the inflammation; in glaucoma and dacryocystitis it diminishes the pain. There are no contraindications to the use of hot water, which acts with varying efficiency according to the method of application. The author usually has a drinking glass filled with hot water, the patient inclining the head so that the affected eye is immersed. The water remains warm for a considerable period, so that the eye may be bathed for some time without discomfort. If one so choose, he may add antiseptics to the water. This method has the advantage over poultices in that its application does not require the services of an expert. The local action may be thus tabulated: 1. Contraction of the bloodvessels of the eye and contiguous structures; the ophthalmoscope shows the retinal vessels contracted after such a bath. 2. The hot water washes away deranged secretions and excretions and destroys the germs contained; the bacillus of anthrax, for instance, is destroyed by a temperature of 96° F.; many eyes can support a higher temperature. 3. The healing activity of the reparative tissue or protoplasm is stimulated. 4. The hot water acts directly upon certain conditions of muscular weakness or spasms.—*Medical News*, August 18, 1888.

#### Pupillary Changes Met with in Chronic Pulmonary Disease.

Comini gives the histories of nine cases in which he has observed mydriasis in phthisis. More frequently it occurred on the right side, coincidently with

an alteration of the apex of the lung of the same side. Sometimes it was bilateral. Photophobia and paresis of accommodation accompanied the mydriasis in some cases. The dilatation of the pupil was sometimes transitory, though it did not ever appear, as maintained by Rampoldi, who first described the form, to stand in any direct connection with the temporary aggravation of any of the symptoms. Rampoldi believed the cause to be a reflex irritation, as in the case of mydriasis proceeding from irritation of the mesenteric plexus. Comini suggests that possibly, sometimes at all events, the sympathetic may be directly involved in the disease.—*American Journal of the Medical Sciences*, September, 1888.

**Peripheral Neuritis in Acute Rheumatism and the Relation of Muscular Atrophy to Affections of the Joints.**

Judson S. Bury devotes his attention to the consideration of certain phenomena frequently met with during or subsequently to an attack of acute articular rheumatism, but which have received but little attention from writers, namely, the paralysis and atrophy of muscles, anæsthesia in the course of peripheral nerves, and enlargements of the ends of bones. He draws the following conclusions :

1. That in articular rheumatism we constantly meet with muscular atrophy and paresis common to other joint affections. Their sudden onset would indicate that they are due to a reflex irritation conducted along the sensory nerves from the joint to the cord, and which appears to inhibit the functional activity of the motor cells in the anterior horns. Their duration and character suggest organic changes, either central or peripheral. The presence of increased reflexes, and sometimes of contractures, and the fact that rarely a lateral sclerosis may start from an arthritic attack, indicate that the pyramidal tract or its connections may be involved as well as the motor cells.

2. The wasting of the interosseous muscles of the hand is one of the commonest phenomena of acute, subacute, or chronic rheumatism, and that while some cases may be due to the reflex irritation described, in a large number the atrophy is due to an ulnar neuritis, as is proved by the distribution of the wasting in the hand.

3. That although the ulnar nerve is by far the commonest to be affected, other nerves of the brachial plexus and branches of the sacral and lumbar plexuses are frequently attacked.

4. These peripheral nerve-symptoms may occur in a limb quite free from joint irritation. If, then, there are found atrophy, anæsthesia or paralysis in the course of the ulnar nerve during an attack of rheumatism, or after the pyrexia has subsided, in a limb where the joints are free, it would appear that there existed a neuritis set up by the rheumatic poison. This is rendered still more likely by the evidence found by Pitres and Vaillard of the very common occurrence in phthisis, tabes, and typhoid fever, of neuritis in regions of the body in which, during life, symptoms of such neuritis were but slight.—*American Journ. of the Med. Sc.*, September, 1888.

**Bradycardia.**

Grob says that physiological bradycardia must be differentiated from the idiopathic and symptomatic forms of the affection. To the first of these belong all those cases of retardation of the pulse found in perfectly healthy persons (sometimes in persons of the same family), in lying-in women, in fasting, etc. An idiopathic bradycardia is one in which the retardation of the pulse shows itself without any trouble in the circulatory or other organs. It occurs mostly in persons past middle age, mostly males. Emotions, exhaustion, and severe pains are sometimes considered as causes. Such persons often complain of dyspnœa, vertigo, fainting, and even epileptic and apoplectic attacks. Some authorities consider it a neurosis of the heart.

Symptomatic bradycardia is mostly observed in articular rheumatism, cardiac affections, cerebral and nervous diseases, affections of the digestive organs, chronic infectious diseases, and constitutional anomalies, and dur-



ing convalescence. Such a symptomatic retardation of the pulse is more frequently observed in cardiac troubles than in any others, and in middle-aged males, it is also often seen in acute articular rheumatism, independent of any cardiac symptoms, or the exhibition of salicylic acid. Grob thinks, therefore, that it must be caused by the direct action of the specific morbid matter upon the heart.—*Arch. f. Clin. Med.*, 42, 1888. S. L.

#### Therapeutic Action of Caffeine.

Huchard often obtains good results from caffeine in cases of heart-disease in which digitalis had failed. Its special action is on the nervous system. It is particularly indicated when, in the course of acute diseases, as pneumonia or debility, there suddenly appear symptoms of cardiac debility with their consequences. Caffeine has shown itself to be an energetic stimulant for the weakened heart occurring during the course of pneumonia of old people. It acts equally well in some cases of cardiac affections of bulbar origin, especially for the arrhythmia and adynamia of the cardiac muscle and the hyperæmia and stases whose origin must be looked for in affections of certain regions of the medulla oblongata.—*Allg. Med. Centr. Zeitung*, 61, 1888. S. L.

#### Treatment of Wounds of the Palmar Arch with Shot-bag Pressure.

Dr. Madison Reece recommends a very simple device for the treatment of hæmorrhage from wounds of the palmar arches. A small bag, four inches in length and two and one-quarter inches in breadth, was made and filled with bird-shot. The forearm was placed on an elevated pillow, and the shot-bag placed lengthwise on the wrist over the arteries. The pressure was well borne and hæmorrhage controlled. Healing proceeded rapidly.—*Medical and Surgical Reporter*.

#### Physical Examination of the Stomach in Cases of Gastric Disease.

From the physical examination of the stomach we obtain information as to the following points: (1) the time of digestion; (2) the absorbent power of the stomach; (3) the motor activity of the stomach; (4) the chemical composition of the gastric juice; (5) the digestive powers of the gastric juice; (6) the size and position of the stomach.

1. If, after the lapse of seven hours, food is found in the stomach, the process of digestion is shown to be delayed. A test-breakfast of beefsteak and a slice of bread, with water, is ordered. At the end of seven hours the stomach is washed out, using about three funnels of water, and the wash-water is examined for undigested fragments of food.

2. To test the absorbent power of the stomach, give a small amount of iodide of potassium (0.2 grm.) in a gelatine capsule about three hours after a meal. The salt is absorbed and can be detected in the saliva. The patient is directed to spit once a minute on a bit of starch paper, which is then touched with a drop of fuming nitric acid. In health, in from seven to fifteen minutes, there is found, first a reddening and then a bluing of the paper.

3. To test the motor activity of the stomach, give the patient from three to five grains of salol. Obtain specimens of the urine every fifteen minutes or half an hour. The addition of a drop of tincture of chloride of iron will, when it contains salicylic acid, give a deep brownish-red color. This color is said to be found in from half an hour to an hour after taking salol. If it does not appear until after that time, the motor activity of the stomach is regarded as below normal. This test depends upon the fact that salol is changed in an alkaline solution to salicylic acid. The acid gastric juice has no effect on it, but when it passes through the stomach it is changed to salicylic acid by the alkaline pancreatic juice absorbed, and then eliminated by the urine.

4. The methods of obtaining and testing the gastric juice are the subject of much controversy. The author proceeds to describe these in detail.

5. The presence of a sufficient amount of pepsine is best shown by testing the digestive power of the stomach. The test is very simple: A bit of egg-albumen is put in a test-tube containing 10 to 20 c.c. of the juice, and kept at the temperature of the human body. For this purpose it is always well to take a piece of the same size. Sticker advises a disk 8 mm. across and  $1\frac{1}{2}$  mm. thick. Knapp uses a piece  $8 \times 4 \times 1$  mm. If the juice be undiluted, this should be digested in from two to three hours. With diluted juice the time of course will vary. If juice enough be obtained, it is well to perform control experiments at the same time by taking three test tubes and leaving one untouched, adding a drop of hydrochloric acid to the second, and a flake of pepsine to the third.

6. The determination of the size and position of the stomach is of importance chiefly in cases of suspected dilatation, and various methods have been devised for this purpose. Palpation and percussion may furnish some slight aid, but, as a rule, other methods are necessary. Leube passed a sound into the stomach, and endeavored to feel the point through the abdominal wall, but this procedure is not easy in stout persons, and is full of danger. Penzoldt had the patient take considerable water, and then mapped out the lower border of the stomach by detecting the dulness. Schreiber tied a rubber balloon to the end of the stomach tube, and thus inflated the stomach. Neubauer and Fleisher determined the level of liquid in the stomach by connecting the stomach-tube with a U-shaped tube outside the body. Rosenbach put water into the stomach, passed a tube into the water, and then, auscultating over the abdomen while he pumped air into the stomach, determined by listening to the bubbles rising through the water the upper level of the fluid. Kussmaul inflates the stomach by generating gas within; for this purpose, he gives 2 grms. of bicarbonate of soda and  $1\frac{1}{2}$  gm. of tartaric acid, and the size of the stomach, when filled with the gas thus generated, can readily be determined by palpation and percussion; in using this method, a stomach-tube should be in readiness in case over-distension should give rise to unpleasant symptoms. Porges, taking the average distance from the incisors to the cardiac orifice, finds how much further the sound can be pushed downwards, a method applicable only with the stiff sound, and liable to the same objections as Leube's method.—*The Epitome*.

#### Dislocation of the Head of the Fibula.

Leggat reports the case of a young man who, while playing foot-ball, slipped and fell with his leg doubled under him, so that, as he described it, he sat on his own foot. The pain was great, and at the time of the accident he felt something give way; the head of the fibula was found to be dislocated forwards, being plainly seen and felt beneath the skin; immediately behind and above the dislocated head of the fibula was a distinct hollow about one inch in diameter, the normal socket of the bone; the tendon of the biceps was very tense. The patient was removed to St. Thomas's Hospital, with a view to the reduction of the bone under an anæsthetic. While the patient's boot was being taken off previously to the administration of the ether he felt something give, and on examination the dislocated head was found less prominent. The reduction was effected by Mr. Battle, who, in the early stage of the anæsthesia, held the leg semi flexed, having his right thumb on the front of the fibula below the head. While this was being done the patient kicked out, and thus brought the biceps into action, and the bone returned to its position with an audible snap. The leg was put up in plaster of Paris, which had to be removed in four days to enable the patient to present himself for examination; there was no effusion, and the appearance of the joint was quite normal.—*Annals of Surgery*, September, 1888.

#### Galvano-puncture in Goitre.

Dr. Weinbaum reports, in a recent number of the *Vratch*, two cases of goitre in girls occurring shortly after menstruation had been established,



which were entirely cured by passing the current from a battery of twenty cells through the tumor by means of two gold needles inserted into opposite sides of the growth for the depth of a few millimetres. In one case one hundred and fifty sittings were required. These were prolonged during eight months, as small eschars formed frequently around the cathode, and it was thought well to give these time to heal before repeating the treatment. Each sitting lasted from ten to fifteen minutes. It is noteworthy that, after the tumor in this case had to a large extent become absorbed, the girl's condition began to give rise to some alarm; cough, night-sweats, and amenorrhœa coming on. However, by means of arsenic and iron, the patient ultimately recovered, and has enjoyed good health since; the only signs of goitre being the cicatrices due to the needles.\*—*Lancet*, August 18, 1888.

#### The Influence of Typhoid Fever on some other Diseases.

That diseases characterized by hyperkinesis may disappear at the onset of typhoid fever is fairly well known as regards chorea. Couturier has observed a case of disseminated sclerosis in which great amelioration of the symptoms was apparently produced by an attack of typhoid fever, the ankle clonus and other exaggerated movements being notably diminished. The difficulty of separating some cases of spinal sclerosis from functional spasmodic paraplegia must be remembered. A sudden event, or one of some intensity, often makes a difference in cases of neurasthenia, but the difference is not always in the direction of improvement; a fright has cured paraplegia, and on the other hand has made paraplegia worse.—*Lancet*, August 18, 1888.

#### The Neuroses of Heart Disease.

The nervous symptoms accompanying cases of heart disease are often numerous, and their combination often curious, and not always easily explained on physiological principles. Sometimes the physician finds a large heart with valvular disease, and simply faintness as the only troublesome symptom, and this but an occasional one. Physicians have been not seldom called upon to treat distressing nausea, sometimes with diarrhœa, and without any signs pointing to an altered state of the mucous membranes; the heart cannot be said to have failed in its compensation; the tongue may be normally clean; the stools may present nothing abnormal except that they sink in water and are too loose, time not having been allowed for the natural changes incident to a residence in the large bowel. We all know the troublesome, often barking, cough not necessarily associated with congestion of the lungs, secondary to the valvular insufficiency. No doubt many of the symptoms are to be explained on the view of inequality, if not inadequacy, of the circulation through the abdominal and thoracic viscera, through the brain and spinal cord; but it seems that we must recognize pure neuroses, not so caused, and a careful study of the patient's previous and family history will bring out the neuropathic tendency as well as the rheumatic relationship. Sometimes the nervous symptoms are not so much the effect of the heart disease as of a pre-existing neuropathic tendency which may have actively developed—for example in chorea—before the rheumatism had involved the valves of the heart. Those who advocate the nervous origin of rheumatism would perceive nothing antagonistic to their belief in this mode of viewing the subject.—*Lancet*, August 11, 1888.

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\* Our experience in the electrolytic treatment of goitre is more favorable than the above reported. We use a current much milder than that recommended by Weinbaum, that is, only ten cells. We use but one needle, which we have attached to the negative pole. The first application has been invariably followed by a marked reduction in the size of the goitre, as are also the subsequent half-dozen; after that reduction in the size of the goitre takes place more slowly. While in no instance have we succeeded in absorbing the goitre entirely, we have often so reduced its size that the patients regarded it as cured. More than slight scarring we believe to be unnecessary, if the needles are properly insulated.—Eds. H. M.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

UNDER THE CHARGE OF CHARLES MOHR, M.D. PROFESSOR OF MATERIA MEDICA  
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ASSISTED BY EDWARD R. SNADER, M.D.

#### PROVINGS.

**ACCIDENTAL PROVING OF CARBOLIC ACID.**—Mrs. R., æt. 32, dark hair, nervous temperament, who ordinarily enjoyed fair health, was washing on the morning of July 22, 1888. To remove some rust stains in a garment she put some pure carbolic acid in a little hot water, and began to rub the clothes, inhaling the steam. In about ten minutes she began to feel very queer, and, being alone, she started to run across the street to one of her neighbors. Before she reached the house she fell prostrate, pale and gasping for breath. Taken into the house, she was unable to lie down, and was propped up with pillows. She continually gasped for breath, and trembled all over. The trembling was so great that she wanted her hands held. In addition to the symptoms given were the following: Pricking like needles all over the body; unable to raise the right arm; pale face, dilated pupils, cold hands and feet; thirst, wanted a drink of water every few minutes; nausea, but no vomiting (in about half an hour); pain in the lumbar region. The symptoms continued about four hours. She recovered perfectly.—Dr. J. C. Fahnestock, *Medical Advance*, September.

#### MATERIA MEDICA.

**A COMPARISON OF USTILAGO, SECALE, LATHYRUS, AND PHYSOSTIGMA.**—Dr. Samuel Lilienthal, in the July number of the *Homœopathic Physician*, after quoting the observations of Professor Tuczec regarding the latter's investigation of three hundred and fifty cases of pellagra in Lombardy and Venice, says that *ergot* and *ustilago* show a marked action upon the brain and spinal cord, but in *ergot* we find at first stimulation, soon followed by paralysis, whereas under *ustilago* mental deterioration shows itself from the very start as mental hebetude, to be increased to a state bordering on idiocy; under *lathyrus* and *physostigma* we meet no mental symptoms. Wood gives the symptoms of ergotism as consisting of violent and painful tonic contractions, affecting especially the flexors, gradually increasing to tetanic paroxysms, with death from exhaustion. Also, gangrenous ergotism, beginning by tingling, numbness and formication, an insupportable sense of fatigue, an earthy hue of the skin, coldness of surface. In *lathyrus*, on the contrary, we find only paralytic symptoms of the *lower extremities*, with tremulous, tottering gait, sensibility remaining intact, followed by emaciation of the affected limbs, while the upper extremities retain their natural appearance. Shutting the eyes while standing or walking in no wise modifies attitudes or movements.

*Physostigma* acts in a similar manner to lathyrus. From Bartholow we learn that "Calabar bean does not affect the centres of conscious impressions, and consciousness is preserved until the oxygenation of the blood is so far interfered with that carbonic acid narcosis supervenes. Giddiness, vertigo, and a sensation of muscular weakness are produced by considerable doses. When a lethal dose is given, complete paralysis ensues. The voluntary muscular system, before complete resolution occurs, is agitated by a



succession of tremors—temporary tetanic contractions, followed by entire relaxation. Muscular contractility is not much impaired, and the sensibility of the sensory nerves is rather heightened." From Dr. W. P. Wesselheft we learn that "the chief action of the drug seems to be on the nervous system, and shows a very curious double action, exciting the nerves in the front of the body to involuntary motion, causing trembling, going up and down in wave-like motions, but the nerves in the back of the body it seems to paralyze and numb, and during this numbing process it causes a good deal of pain."

*Ustilago* gives us paræsthesia of the skin, unbearable itching or burning of the skin; *secale*, formication, with a sense as if mice were creeping under the skin; cracking in the tips of fingers, hands, neck and other parts, as if the parts had been aching, and sensation returning with returning warmth. *Ustilago* produces an itching, burning erythema (reminding one of its neural origin) of the uncovered parts of the body, though it may also appear on the covered parts, and leaving by and by the skin parchment-like, dark-brown and with rhagades. *Secale* produces dry and withered appearance of the skin and a muddy, yellow hue. The parts gradually become numb and lose all sensibility. This dry gangrene is often preceded by great burning, itching of the skin, and scratching only increases the unbearable heat. In relation to skin symptoms there is nothing to record for *lathyrus*, as no proving was ever made, and *physostigma* only has a petechial eruption with a pricking sensation all over the affected parts. Post-mortem examinations deserve close attention. Tontini and Tucek found in the *ustilago* pellagra a combined affection of the posterior and posterior-lateral columns, the gray substance and Clark's columns intact. In ergotismus the posterior, and in lathyrismus the lateral columns are affected. *Ustilago* ought, therefore, to be a valuable remedy in spastic paralysis, in spinal paralysis of infants and adults, followed by atrophy, whereas *secale* might be thought of in the first stages of locomotor ataxia, when the pains are often diagnosed wrongly as rheumatic ones. *Lathyrus* ought certainly to be tried in those sudden cases of paralysis coming, as it were, overnight, and being entirely of spinal or peripheral origin.

CONFIRMATION OF A PATHOGENETIC SYMPTOM OF CHINA.—Dr. David Wilson, in the September number of the *Homœopathic Physician*, relates an interesting case: Lady, æt 80, had been passing urine and fæces involuntarily for several days. She became suddenly comatose; her limbs were flaccid; unconscious to pinching (loud calling into her ears aroused her to momentary consciousness, but no intelligible answer could be elicited); her face was intensely flushed, and she was bathed in a profuse, hot perspiration; the lips blue-red, respiration labored, loud and stertorous, and *puffing blowing out of the cheeks at each expiration*. After the third dose of *china* 200, she became conscious and rapidly recovered.

CEANOOTHUS AMERICANUS.—A verification of the pathogenesis of *ceanothus* has been reported by Dr. J. C. Burnett: "A young lady, aged 19, came under observation on May 23d, complaining of constant and severe pain in the left hypochondrium of more than two years' duration, and yellow leucorrhœa. The pain she described as piercing. Her menses were too frequent, appearing every fortnight. *Ceanothus* has strong affinity for the left hypochondrium, and it produces pathogenetically a too frequent flow of the menses. In my hands it has frequently cured fluor albus, when the discharge was yellow, and when it was connected with a pain under the left ribs. I therefore ordered *ceanothus americanus*. Heretofore I had confined myself to very low dilutions of this remedy, but having found it, even in the first centesimal dilution, produce disagreeable symptoms, and being, moreover, desirous of testing a somewhat higher dilution, I made use of the third centesimal, and of this I administered one pilule every four hours. On July 18th the patient returned and reported: 'The pain in the side disappeared entirely in two days, and has not since returned. The whites have ceased, and the period was a week later, and there was less pain than usual.'"—*Hom. Journal of Obstetrics*, July.

**EUCALYPTUS GLOBULUS.**—Internally *eucalyptus* has a specific relation to the urinary organs. This is especially true of irritability of the bladder. It was used with success in the following case, reported in the lady's own words, by Dr. H. A. Foster: "I am quite free from distress and able to work the early part of the day, but about three o'clock in the afternoon the 'ache' begins; there is a constant desire to pass water, and a strained, protruding feeling at the neck of the bladder; then follows a fearful itching, scalding, aching sensation, which well-nigh drives me frantic. . . . After a time of suffering, which is exhausting, the distress subsides. I can eat heartily, but so bruised and beaten do I feel that I can only take the edge of a chair for rest. I have such a time, also, every night, being obliged to get up every few minutes to pass a few drops of water, and the passage is often agonizing. There seems to be about the same quantity, though at times it is strong and high-colored." Following the administration of the remedy she writes of its success: "I have found out the benefits of eucalyptus in my case. Its relief came most opportunely, for I don't know how I could much longer have endured the terrible strain of the bladder difficulty, and I am so happy to find a balm for that," etc. Dr. Phil. Porter cautions that the best results are only to be obtained by the use of the eucalyptol obtained from *eucalyptus globulus*, not that from *eucalyptus amygdalina*. The spurious oil is recognized by its lemon-like odor, by its imperfect solubility in alcohol, and by its low specific gravity (about 0.881 at 15° C. (59° F.)). The genuine oil is wholly soluble in strong alcohol, has the characteristic odor of *eucalyptus globulus*, and a specific gravity of .91 to .92 at 15° C.—*Hom. Journal of Obstetrics*, July.

**FERRUM PHOSPHORICUM** is useful in the early stages of inflammatory affections and in ovarian neuralgia. It has been found curative in the outset of true pelvic cellulitis, when the inflammatory process threatened to become diffuse, with muco-purulent discharge, paroxysmal pain extending to the abdomen, associated with an anæmic state. In ovarian hyperæmia, with paroxysmal sticking, beating or pressing pains, aggravated by motion, and accompanied by heat and redness of the face, the remedy will also relieve. The important points to be remembered in prescribing ferrum phosphoricum are that it is most useful in inflammatory affections before exudation has taken place, in the tendency of the vascular engorgement to become diffuse, and in paroxysmal pains. A case of menorrhagia in an anæmic patient has been reported cured. Dr. Porter uses this drug solely in the third decimal trituration.—*Hom. Journal of Obstetrics*, July.

**DRUGS AFFECTING THE LEFT OVARY.**—Under the caption, "A Study of Clinical Experience with Remedies relating to the Left Ovary," Dr. H. H. Crippen compares *apis mellifica*, *argentum met.*, *argentum nit.*, *bromium*, *graphites*, *lachesis*, *lilium tig.*, *natrum hypochlorosum*, *podophyllum pelt.*, *thuja*, and *zincum met.*, and discusses the remedies individually from both a symptomatic and clinical standpoint. *Apis*, while usually regarded as a remedy fitted especially for diseases affecting the right ovary, has clinically been of equal service where the left ovary has been diseased. In *apis* pains extend from the left to the right ovary, felt while stretching, and sometimes associated with a strained feeling; bruised, sore feeling; stinging, burning pain; lancinating pain; dull, aching, sharp, cutting pains in the left ovary extending down the thigh. *Argentum met.* has a bruised pain in the left ovary, and a subjective sensation as if that organ was growing enormously large; prolapsus uteri. *Argentum nit.* has also a sensation of immense swelling in the ovarian region; cervical erosions; indurated uterus. *Bromium* has characteristically a constant dull pain in the left ovary or ovarian region, in persons subject to glandular swellings. *Graphites*, the anti-psoric, has painful swelling of the left ovary; tender, indurated ovary; menstruation too late, pale, and scanty; profuse, thin, white, excoriating leucorrhœa, coming in gushes; constipation, stools large and knotty; the skin is herpetic, rough, and disposed to crack; especially useful in females who are "fat, cold, and costive." In *lachesis*, associated with torpidity, is found nervous excitability and cutaneous hyperæsthesia; left



ovary swollen; stitching or pressing pain; cannot tolerate least pressure in the uterine region; menses scanty, the blood lumpy, black, and very offensive; pain in the hips and bearing down in the left ovary, better when the menstrual flow is established; pains extending from the left to the right ovary; aggravation by lying on the diseased side; when turning on the left side a ball seems to roll over in the abdomen. Lachesis, according to Farrington, is useful even in suppuration of the left ovary, and is especially called for after *hepar* and *mercurius*, when there is great *adynamia*. *Lilium tig.* has all kinds of pains affecting the left ovary; sensitiveness, burning, cutting, grasping, gripping, drawing, or stinging pains; left ovary swollen and tender, and the pains go from the ovary up the abdomen and down the thigh, or across the pubes to the opposite side; associated with uterine symptoms are marked bearing-down pains, making the patient cross her limbs, or place her hand on the vulva to support the viscera; feeling as if the left ovary were swelling, just before the menses; relieved a few days after the flow ceases. *Natrum hypochlorosum*, with swelling in the left ovarian region at the menstrual period, has abdominal plethora, flatulency, bearing down in the uterus, vertigo, emaciation, nervous exhaustion; menses dark and clotted; uterus congested, large and sensitive. *Podophyllum*, while especially adapted to affections of the right ovary, has a few symptoms pertaining to the left; numb, aching pain in the region of the left ovary; numbness of the left ovary, extending down the thigh, associated with prolapsus uteri. *Thuja* is a medicine recommended by Minton as indicated in inflammation of the left ovary, and is especially useful in cases arising from a suppression of a gonorrhœal discharge. *Thuja* has pains in the left ovary, but there are no records of the use of this remedy for the relief of ovarian affections. *Zincum* has relief of a boring pain in the left ovary by the onset of the menstrual flow, and is prominently a medicine that acts on the nervous system, and, indeed, the remedy is mostly useful when the nervous symptoms predominate. Farrington associated the ovarian symptoms of *zincum* with erosion of the cervix uteri.—*Hom. Journal of Obstetrics*, May.

## THERAPEUTICS.

NEURALGIA.—CASE I.—J. M., aged 72, spare and thin, had pains supra- and infra-orbital, extending to all the front teeth of right side; intermittent, stabbing, "nipping," lightning-like, and extremely sensitive to touch, relieved by heat and pressure, coming and going suddenly and attended by marked prostration and night sweats. When the pains were most severe the shoulder (previously affected) was comparatively free, and *vice versa*. No thirst, appetite and taste normal, but obstinate constipation; stools hard, small balls, difficult to expel and no inclination whatever. *Magnesia phosphorica* 200 promptly gave relief. Not only the terrible neuralgic pains, but the lame shoulder as well, have remained entirely free to date.

CASE II.—Lady, 26 years of age, dark complexion, hair and eyes, suffered for four months from neuralgia of right supra-orbital region. The pains were pressing, drawing, band-like, at times extending into the jaws and teeth, worse at night and confined entirely to the right side of the face. *Chelidonium* gave relief for three weeks, when the neuralgia returned with these symptoms: Darting, lightning-like intermittent pains, suddenly appearing and disappearing, relieved by hot cloths and pressing or lying on the affected side. *Magnesia phosphorica* 200 gave prompt and permanent relief, and with it disappeared an obstinate and annoying constipation which had persistently followed her during her entire gestation (she was seven months advanced in her first pregnancy).—Dr. H. C. Allen, *Medical Advance*, September.

CASE III.—Dr. Eugene B. Nash gave to a case of facial neuralgia, which had been unsuccessfully treated by anodynes and doses of belladonna large

enough to paralyze the accommodation, *magnesia phosphorica* 12 trit. The indicating symptom was relief from hot applications.

CASE IV.—Dr. William Wesselhæft cured in three months with *magnesia phosphorica* c.m., in single doses, at intervals of four or five weeks, in an attenuated, anæmic old lady of sixty-six, a right-sided, supra-orbital pain, that was sharp, intermittent, and relieved by warm applications. The pain had existed, with short intervals of relief, for three years.—*Homœopathic Physician*, September.

ACUTE ARTICULAR RHEUMATISM.—A man of light hair and eyes, a peculiar red face, with pains in all the joints, restlessness and the peculiar symptom of "he kept trying to brush a hair off his face," after *rhus* and *bryonia* c.m. had failed, received *graphites* c.m. one dose, from Dr. Brownell, and was well in twenty-four hours.—*Homœopathic Physician*, September.

SCARLATINA.—Case: Scarlatina in a child of seven years. Pulse 160, weak, irregular; temperature, 104°; epistaxis of dark blood; throat much inflamed and swollen; glands on left side much tumefied; pain on swallowing, extending to ear; left tonsil covered with false membrane; tendency to right side; aggravation after sleep; eruption fully developed. *Lachesis* 30 relieved immediately and cured in a few days.—Dr. Frederick Hooker, in *Homœopathic Physician*, September.

TONSILLITIS.—At a meeting of the "Western Counties Therapeutical Society," in England, Dr. Bodman read a paper on "Inflammation and Hypertrophy of the Tonsils." We subjoin the treatment: In the first stage, *aconite*; later, *belladonna*, especially if there exists decided redness with much dryness, heat and dysphagia. If there be sudden swelling with burning, pricking, stinging pains, *arum tri.* will be the medicine; if the throat be œdematous, the throat swollen both inside and out, *apis*; if the tissues are dark purple in color, prostration disproportionate to local appearances, and much nervous agitation, *lachesis*; if there be a tendency to ulceration, the swelling more marked than the redness, dysphagia and much salivation, *mercurius cor.*; if there be a feeling of roughness and a sensation as of a foreign body in the throat extending to the Eustachian tubes and œsophagus, with hawking to get rid of tough mucus, *phytolacca*; when the inflammation is subsiding, and there remains much tenacious mucus about the throat, with a similar discharge from the nose, *kali bich.*; to clear off the remains of a sub-acute attack, *hydrastis*. In the phlegmonous variety, *baryta carb.*, given early, will often arrest the disease within twenty-four hours. This remedy is especially indicated in strumous children. If suppuration occurs, *hepar s.* is the remedy.—*Monthly Homœopathic Review*, June.

Dr. Frederick Hooker reports, in the September number of the *Homœopathic Physician*, the rapid resolution with *lachesis* 30 of a tonsil that in previous attacks invariably suppurated. No more attacks occurred during the winter.

CEREBRAL COMPLICATIONS OF PNEUMONIA IN CHILDREN.—Commenting on the assertion of Dr. Wood, old school, that the treatment of the cerebral complications of pneumonia was the treatment of the disease, Dr. Charles L. Nichols congratulates the homœopaths upon their more successful treatment of such complications by prescribing for the totality of symptoms, and recommends *belladonna*, *hyoscyamus*, *bryonia*, *calcarea phos.*, *apis mel.*, and *tartar emetic* as valuable remedies.—*Mass. State Hom. Med. Soc.*, 1887.

CATARRHAL PNEUMONIA OF CHILDREN.—Dr. J. H. Sherman uses *aconite* 2d or 3d as long as the temperature remains above normal. In the first stage he sometimes alternates *phosphorus* with *aconite*, but prefers *bryonia* when the cough is dry, short, and hacking and the cough seems to be accompanied by sharp pain. In the second stage, when coarse râles are present, he regards *tartar emetic* as the king remedy. He does not recommend the last remedy too low, believing that the heart is not infrequently enfeebled thereby and the patient's life jeopardized. *Muriate of ammonia*,



in the 1st dilution, he regards as indicated when the expectoration is ropy and tenacious and difficult to cough up, and he finds that this medicine materially modifies the secretion, making it richer in cells.—*Mass. State Hom. Med. Soc.*, 1887.

**CAPILLARY BRONCHITIS.**—Dr. J. H. Sherman adheres to time-honored remedies in the treatment of this disease. He gives *aconite* if the pulse is quick, the skin hot and dry; *bryonia* if the cough is short and painful and dry, wheezy rales are found, and *tartar emetic*, later in the disease, when the rales become moist and coarse. He does not prescribe *tartar emetic* above the 2d or 3d trituration, and, in consequence of the enfeebled heart action, sometimes caused by the drug, prefers to give *ipsecac* to feeble children in the later stages. *Sanguinaria* he finds useful in facilitating the discharge of mucus from the bronchial tubes.—*Mass. State Hom. Med. Soc.*, 1887.

**PHTHISIS PULMONALIS.**—A man, æt. 27 years, of phthical parentage, "with bronchial and cavernous respiration, and tympanitic resonance," over the second and third intercostal spaces of the right side, hæmoptysis, rapid emaciation, night-sweats, etc., was cured by *iodium* 6x, Dr. D. A. McLachlan. The doctor also reports two cases relieved by *millefolium*. One, a young girl, had menorrhagia as a prominent feature. The other, a married woman of over 40, with a large family, had a bad family history of scrofula. The latter had several attacks of pulmonary hæmorrhage, with cough and the ordinary signs of phthisis. *Millefolium* promptly and invariably relieved the hæmorrhages, and the cure was ultimately completed with *sulphur* and *iodium*.—*Medical Counselor*, August.

**TUBERCULOSIS.**—Dr. D. A. McLachlan, in an article on "Tuberculosis—Its Prognosis and Treatment," appearing in the August *Medical Counselor*, cites the following case: Mrs. E., æt. 30, of phthical parentage, developed, seven years ago, consumption. In addition to the ordinary symptoms of the disease she suffered from a sense of weight in the chest and dull, heavy pain, and, at times, sharp, lancinating pains in the left side from deep inspiration. A lump in the breast, hard and extremely sensitive to touch, and enlarged axillary glands, were discovered. The physical signs of solidification were present at the left summit. Annoying uterine symptoms were also prominent. *Sabina* 1x relieved the latter. *Phosphorus* 6x followed. Improvement marked and constant, resulted. An intercurrent pneumonia complicated the progress of the case, but, ultimately, the pain and tumor disappeared from the breast, the cough ceased, and she gained in flesh and strength. She is now well.

**DYSMENORRHEA.**—Miss S., æt. 22, brunette, short, plump, round body and intellectual, had been troubled since puberty with dysmenorrhœa, beginning several hours previous to and continuing during the first day of the flow, with severe pains in the uterus, back and lower limbs. The pains were unbearable and hysteria threatened. *Magnesia phosphorica* 6 lessened the pains within half an hour. The dose was repeated, the flow began and disappeared at the usual time. The next month the patient took three doses the day before the period. A painless period followed. The third month a similar course was pursued. The patient has had no return of the pains for over three years, and is otherwise well.—Dr. H. C. Allen, *Medical Advance*, September.

**MENORRHAGIA AND UTERINE ENGORGEMENT.**—Dr. H. C. Allen reports the case of a married lady, the mother of one child, who had menorrhagia, the flow on two occasions being so excessive as to cause fears of death. Examination revealed the uterus low down, the whole vagina being filled with the swollen, indurated uterus, the cervix congested and the os tender and red, open about half an inch. *Magnesia phosphorica*, 6x, three to four doses a day were given. The next month no hæmorrhage occurred. In three months the uterus was reduced to its normal size.—*Medical Advance*, September.

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THERAPEUTIC HINTS.

COLD AND HOT WATER WRONGLY APPLIED.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

MANY years ago, while on a visit to a medical friend in a distant city, I was taken to see one of his patients, said to be in a critical condition. On arrival I found a stout, vigorous-looking young man in a comatose state, insensible to the impression of all external objects, with a hot head, flushed—almost livid—face, and cold extremities.

From the attending physician and the family I gathered the following history: The patient was a telegraph operator, usually in the enjoyment of very robust health, but subject, at times, to severe headache. He had had such an attack the day before, and, upon the suggestion of some one, had placed his feet in a tub of hot water, the water covering his legs nearly up to his knees. The sense of present relief caused him to sit with his feet in the hot water for a considerable time.

After the foot-bath the sense of relief lasted awhile, when the full feeling and aching began to return with increasing severity and the doctor was called. The pain and pressure had continued till the patient passed into the condition observed upon our arrival.

Here was a clear case of profound congestion, if not also cerebral hæmorrhage, induced by hot water.

The predisposition to apoplexy, increased by inordinate eating or unusual application to sedentary work, had found an efficient exciting cause in the hot foot-bath.

The antipathic measure had temporarily lessened the tendency of



blood to the head by increasing the calibre of the vessels of the feet and legs; but when the external heat was removed, the tide quickly turned again toward the head, increasing the pressure and the pain, till all sensibility was gone, and till the integrity of the brain itself was destroyed.

*Another Case.*—An earnest and rather delicate man, of nervous temperament, who had built up a large seminary at considerable cost of brain energy as well as money, after a hard year's work suddenly, and for a short time, lost the proper use of his right hand and the prompt and orderly use of words during conversation. Although generally improved, he did not recover fully from his disability. It was a question whether the troubles were the result of nervous as well as general prostration, or of some local pressure and break in a minute vessel of the brain. If it was the former, an ocean voyage and some foreign travel would be of special service. His having been greatly benefited by such a voyage and travel, several years before, when considerably broken down, led us to conclude in its favor again, hoping that removal from all possible connection with business, and the diversion of travel and new scenes would restore him to usual health.

The ocean air instead of a lifting had a depressing effect. The attractions of England failed to interest and charm him as before. Not long after landing he had another apparent stroke. His head was more plainly the seat of greatest trouble. Under the advice of my friend, Dr. Hughes of Brighton, when in some measure recovered, he returned to Liverpool and took a steamer for home. The influence of the sea was still very depressing, the peculiar restlessness increased, his senses became more confused than ever, and his brain finally refused to do its work.

The surgeon of the ship was called to prescribe and, with other measures, packed his head in bags of ice.

The brain, at first quieted somewhat, became more excited, and soon succumbed to the paralyzing influence of the cold. He became comatose and died on mid-ocean.

#### REFLECTIONS.

The first case taught me a lesson that I have never forgotten and that I have seen verified a great many times since, namely—*that hot applications to the lower extremities, while they temporarily increase the supply of blood there, and lessen it in the head, are sure to induce exactly opposite conditions soon after they are removed.*

The philosophy, the explanation of these facts, is not hard to understand in the light of modern physiology and pathology. A portion of the human body, a foot, or a hand, immersed in water above blood-heat, is protected against its destructive or hurtful influence through nature's effort to counteract the heat by the ultimate abstraction of blood, which is sent in excess in an opposite direction.

A familiar example is this—the hands of the laundry-woman, after being for some little time in hot water, become shrivelled and shrunken; and when removed into the cool air, they are also colder than before.

In the case of the young man, the first and temporary effect of the hot water was to induce an excess of blood in the lower extremities so as to lessen the excess in the head. As soon as the bath was over, the efforts of nature to resist the abnormal heat caused the feet to become cold and the head hot.

We come to a physiological law, as fixed and as plain as any other law in nature—that *the preservative power in the human organism, whatever we may call it or however explain it, prevents the destructiveness of heat by the abstraction or diversion of blood and heat to other parts.*

As to the case of my patient who died upon the ocean, there was a weakened condition of the smaller vessels of the brain and, thus, an inability to bear any extra excitement and strain.

The last spell of head trouble and the increased brain pressure, at first and briefly relieved by the ice pack, and thus greatly aggravated through nature's effort to counteract the cold by an increased supply of blood and heat, must have resulted in cerebral hæmorrhage and death.

And this brings us to another physiological law that seems to me quite plain, namely—that *the innate preservative power of the organism prevents the destructiveness of cold by an extra supply of blood and heat to the part assailed.*

It is well known that the hand held in ice-water or snow is cold for only a short while upon removal, becoming hot and swollen for a much longer time afterward.

Agents, supplying heat and cold to limited parts and for special therapeutic purposes, are amenable to the homœopathic law, no less than are the drugs prescribed in proper homœopathic practice. A disregard of the two physiological laws mentioned, which are in full accord with that of Hahnemann, has led to fatal results many and many a time.

The allopath, applying cold water and ice to the parts of the



human body abnormally heated, has destroyed many an inflamed member and killed many a patient.

There is no telling how many lives have been lost through the agency of hot water, applied to overcome a lack of blood and vital heat.

I could instance many cases, but the two submitted are sufficient for my present purpose.

I would not be misunderstood in what I have said against the antipathic uses of hot and cold water. No one can doubt their usefulness in cases where palliation may be required, in cases to be "tided over" some special danger, when life may be lost before the reactive effort of nature can be brought to bear. I am persuaded, however, that in some emergencies where cold water or ice have been regarded as necessary, hot water, much hotter than the temperature of the blood, will be more effective and much less dangerous. I would refer, for example, to cases of sudden and severe uterine, anal and nasal hæmorrhage.

The great lights of the old school are now accepting the homœopathic method in such cases.

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### IS THE AMERICAN HEART WEARING OUT?

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(Read before the Semi-annual Meeting of the New York State Homœopathic Medical Society.)

THE community, in many instances the nation, has been so frequently shocked of late by announcements of sudden deaths of men high in public and social position, from diseases of the heart, that it seems not surprising that the question should be asked: "Is the American heart wearing out?" Why are these men thus smitten in the prime of manhood, in the prime of usefulness, in many instances without even the opportunity of giving a parting word to loved ones and friends? Certain it is, that disease of the heart is more common amongst us than formerly, or that the physician of the past failed to recognize this malady when it did exist. In the majority of cases of sudden death the diagnosis of disease of the heart is accepted without comment, without surprise, notwithstanding the announcement made, that up to the time of his death the deceased was apparently in the best of health. It is rare that an investigation is made as to the

cause of this disease of the heart, or the question asked, why this cardiac disease remained undiscovered till death had placed it beyond the power of man to arrest its progress. No well-informed physician will claim that the sound heart becomes diseased suddenly, or that even the most obscure disease of that organ has not associated with it certain physical signs which will enable the expert diagnostician to recognize its existence. Scarcely a day passes but the morning papers contain obituary notices of which the following extracts are samples :

"On Thursday he went to his office feeling quite well, but on getting up yesterday was so weak that he returned to bed, and died in a few minutes. The cause of death was heart disease."

"He retired to bed at night apparently in his usual state of health, and was found dead in the morning. The verdict of the coroner's jury was, 'Death from disease of the heart.'"

"On Tuesday last he contracted a cold, but attended to his duties as usual till the last of the week, when pneumonia developed. He grew rapidly worse, and died on Monday, the immediate cause of death being failure of the heart."

"He sailed from this country in February last in the best of health. He stood the journey well, and was apparently as well as usual till last night, when he was stricken with heart disease and died."

"He left New York but a few days ago for a pleasure trip. As he was about retiring for the night after a fatiguing journey, he fell suddenly to the floor from a stroke of apoplexy. He lingered till last evening, when he breathed his last. It is supposed that for some time past he had been suffering from disease of the heart."

"Died, this morning, from a complication of maladies, including trouble with the heart and Bright's disease of the kidneys. Although he had been confined to the house for several weeks, his death came unexpectedly to his family."

The object of this paper is to fathom, if possible, the causes of this terrible mortality from diseases of the heart ; to call attention to the indiscretions of life which give rise to certain forms of this malady ; to show how patients suffering from organic disease of the heart may, by their own unaided efforts, prolong their days in comfort, in many cases even beyond the allotted life of man ; to account for heart-failure as the immediate cause of death in many accidental and infectious diseases which, without this factor, would be recovered from ; and to explain intelligibly some of the most common forms



of diseases of the heart, and to correct certain misconceptions with regard to them, for, in the minds of the laity, the idea is firmly fixed that there is but one form of disease of the heart, and that invariably fatal. Physicians, too, until they have watched patients known to be suffering from serious valvular disease of the heart, and seen them live, perhaps for years, enjoying the ordinary good health of the average healthy individual, and until they have studied and become convinced of the compensating power of nature, untrammelled, in overcoming obstacles to the free circulation of the blood, continue to look with feelings of great anxiety on those of their patients and friends over whose hearts they have discovered a valvular murmur.

In order that those attracted by the title of this article, who believe themselves to be suffering from disease of the heart, may peruse these pages without palpitation of that vital organ, I will commence the consideration of my subject with the positive assertions, founded on an experience covering nearly a third of a century, of which many years have been largely devoted to the special study and teaching of diseases of the heart and lungs: that cardiac disease is not invariably fatal; that many apparently grave forms are entirely recovered from; that enlargement of the heart is not in itself a disease, but on the contrary is salutary, inasmuch as it is nature's method of overcoming obstacles to the blood-current, either in the heart or elsewhere, this very enlargement, accompanied as it is by increased power owing to the development of additional muscular fibre, sometimes compensating entirely for the obstacle; that with serious valvular disease developed in childhood, patients have been known to live to be aged men and women, the fathers and mothers of large families of children, in some instances, to the writer's personal knowledge, supporting these families by manual labor requiring at times great physical exertion and mental strain; that with a large majority of those supposed to be suffering from heart disease, that organ is in reality perfectly sound, and, if affected at all, is suffering secondarily to functional disturbances of organs remote from the heart, disturbances which are curable by proper and not too severe hygienic measures; and lastly, that whenever the attention of the patient is called to his or her heart by symptoms which lead to the conclusion in his or her mind that he or she is suffering from organic disease of that organ, the chances are ninety-nine out of a hundred that the heart is perfectly sound. This last assertion will apply with equal force and truth to the lungs, brain, and kidneys.

Diseases of the heart may be divided into two general classes:

those originating from an inflammatory process within the heart, and those originating from without. The former result from an inflammation of the lining membrane of the heart, endocarditis; the latter from (1) an extension of a chronic form of inflammation of the walls of the main artery of the body to the segments of the aortic valve, which prevents the return of the blood from this vessel into the cavity of the left ventricle; (2) from an extension of this inflammatory process to the walls of the bloodvessels which nourish the organ, the coronary arteries; (3) from the immediate contact of a toxic element in the blood with the walls of the vessels which nourish the heart, resulting in changes in those vessels which interfere with the nutrition of the organ;\* (4) from a diminished amount of the normal ingredients of the blood in the general circulation, which weakens the vascular walls from faulty nutrition, and permits them to dilate, often to such an extent as to render the valves at the various orifices incompetent to close them; and (5) from great physical strain which, by compressing the small arteries of the body, obstructs the blood-current, thus overdilating the cavities of the heart and resulting in dilatation of its walls.

\* Added to these, may be mentioned certain nervous affections of the heart which are secondary to disturbances elsewhere, and which subside with the removal of the cause.

The first class of diseases of the heart, those originating from within, are common to all periods of life, but occur more frequently prior to manhood or womanhood, and involve almost exclusively the left side of the heart, and more frequently the mitral valve, or that which lies between the auricle and ventricle of the left side, and which, during contraction of the latter, closes and prevents the return of blood into the auricle above. They result from an inflammation of the lining membrane of the organ, the endocardium. This inflammation, endocarditis, is a complication of acute diseases, characterized by the presence of certain acid poisons in the blood. Chief among these diseases is inflammatory rheumatism, or rheumatic fever of some authors. About thirty per cent. of all cases of inflamma-

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\* When this arterial change exists in the walls of the heart, it is never confined to this organ alone; it is a general process, and in some of the vital organs, particularly the kidneys and liver, produces serious changes by developing an adventitious tissue-growth which ultimately seriously impairs the functions of the organs, Bright's disease of the kidneys and certain chronic liver diseases being the result. These are an accompaniment of and go hand in hand with heart disease resulting from this arterial change.



tory rheumatism are complicated by inflammation of the lining membrane of the heart: The inflammation is more intense along the edges of the valves, from the fact that the sudden closure of these valves brings the margins of their segments into forcible contact with each other; this occurring so frequently, from one hundred to one hundred and fifty times to the minute in febrile conditions, it is readily seen that on the edges of these segments the inflammation would be most intense, owing to this additional cause of irritation. The valve tips become infiltrated and swollen, and soon develop a growth of fibrous tissue—adventitious tissue. As the inflammation subsides, this newly-developed tissue contracts, changing the shape and size of the segments, with the result, either of rendering the valve imperfect or of narrowing the orifice, or both. Thus is established a permanent deformity of the valve or orifice, “valvular disease of the heart,” the result being permanent obstruction at that point. If the nutrition be good, the walls of the heart, back of the deformed orifice or valve, thicken by the growth and development of new muscular fibres; the heart is strengthened, and the obstruction is, to a certain extent, overcome. This condition of the muscular walls of course causes enlargement of the heart, which, as was before stated, although the result of disease causing obstruction to the blood-current, is not in itself a disease-process, but nature’s method of overcoming obstacles to the circulation of the blood. A patient suffering from valvular disease is crippled; but, if the nutrition of the heart be good, by avoiding indiscretions and adopting an occupation that does not require great physical strain, by living on a level, as it were, life may be prolonged in comfort for many years. All are liable to the diseases producing this form of heart lesion, whether their lives are good or bad, discreet or indiscreet, but not equally liable by any means. A good and discreet life adds to the resisting powers against disease-producing influences, and to the powers of endurance, while a bad and indiscreet life reduces the vitality and resisting power. Those following the latter course are much more liable to suffer by exposure to infection, to sudden change of temperature, and to other disease-producing influences.

The second form of cardiac diseases, or those originating from without the heart, are, save in exceptional cases, the direct result of hereditary influences, or of indiscretions in life, and, by proper knowledge and precautions, can in the majority of cases be avoided; or, if already established, checked in their progress. The portion of this article relating to the indiscretions which give rise to disease-

processes, which result in premature wearing out of the heart, should be carefully considered, for it is from its perusal that possible good may come, disease warded off, and life be prolonged. Of late years, physicians have paid more attention than formerly to the preventable causes of disease of the heart and of other organs of the body, and the time will come, when a careful study of the etiology of the form of disease under consideration will enable the physician so to direct such of his patients as are willing to be guided for good, that these diseases will be arrested in their progress, and often, in those predisposed to them, be prevented, and later this very predisposition may be done away with.

There is a cause for every morbid condition, and the man who discovers these causes, if he have the magnetism to draw around him ardent followers who, for the love of man, will disseminate his knowledge, will be a greater than Hippocrates, a greater than Galen, for although all concede that the calling which enables one to relieve suffering, and to cure curable diseases, is a noble one, they will concede that one which will enable man to prevent suffering and prevent incurable disease is far more noble.

A terrible bugbear to every one who is fat and short-winded, and who suffers from occasional attacks of pain in the region of the heart, or from palpitation, is fatty degeneration of the heart. It is needless to say, that a person may be fat and still enjoy perfect health, and that the above-mentioned symptoms associated with obesity are no evidences of this malady, which certainly does destroy many valuable lives. A distinction must be drawn between fatty degeneration of the heart and fatty heart. In the former there is a degenerative change in the muscular fibres of the heart, a greater or less number of them being converted into fat. In the latter, there is a deposit of fat on the walls of the heart and between its muscular fibres. The two conditions may co-exist. The causes of fatty degeneration are faulty nutrition of the organ from a deteriorated or poisoned condition of the blood, or from improper blood supply resulting from obstruction to the current in the bloodvessels that nourish the heart. The first cause will account for degeneration found where death has resulted from acute or chronic infections, febrile diseases, such as typhoid fever or pulmonary consumption; or from the various diseases in which there is a positive and permanent deleterious change in the constituents of the blood, as in progressive pernicious anæmia, Bright's disease of the kidneys, and certain progressive diseases of the spleen and lymphatic glands. The second cause will account for



degeneration when the bloodvessels supplying the heart, as a part of a general disease-process of the arteries throughout the body, have become tortuous and changed by an inflammatory or degenerative process known as atheroma, and where degeneration results from deformity of the valve at the mouth of the aorta which prevents its proper closure.

It is generally conceded that recovery is possible from the fatty degeneration accompanying the acute fevers, new muscular fibres being formed which take the place of the old ones which have become converted into fatty débris. But a heart which has become degenerated from the second cause mentioned, arterial change resulting in permanent obstruction to the blood-current, is permanently crippled, and owing to its enfeebled condition, either venous engorgement of the various organs of the body results—often to such an extent as to disturb their functions sufficiently to be incompatible with life itself—or acute dropsy of the lungs or general dropsy ensues, as a direct result of weakened heart-action, and may destroy the life of the patient; or, the diseased heart may suddenly fail and stop beating, owing to shock, a fit of passion, over-exertion, a sudden change from the recumbent to the upright position, a chilling of the surface of the body, or the contraction of the superficial bloodvessels during the cold stage of ague; and death frequently takes place when the heart-walls are weakened during an attack of angina pectoris. Several cases of sudden death from fatty degeneration of the heart from each of the above immediate causes have come under my personal observation. This latter disease, angina pectoris, so little understood by the laity, is not strictly speaking a disease of the heart, although generally so considered. A person with a perfectly sound heart may suffer from repeated attacks of angina pectoris. It is in reality a transient disease of the nervous system, an irritation of the nerve-centres from which originate the nerves which supply the walls of the small arteries containing muscular fibres. This irritation causes these vessels throughout the body to contract. The heart is overtaxed, overburdened; it struggles to empty itself; its cavities become overdistended. If its walls are strong, it can withstand many of these attacks. If it be weakened by disease, degeneration, or dilatation, it sometimes fails in its struggles, and stops with its cavities filled with blood. The reason that angina pectoris is so frequently an accompaniment of a degenerated heart and of disease of the aortic valve, is that the same condition of the blood which it is conceded produces the one, produces the others,

viz., an excess of uric acid. This condition of waste material in the blood is the result of functional disturbance of that great chemical laboratory, the liver. And this disturbance is, in the great majority of instances, the direct result of indiscretions of various kinds.

Fatty deposit on the heart and between its muscular fibres, so common as a part of general obesity, hampers the action of the heart by giving it extra work to do, in lifting with every impulse a super-incumbent weight. But if the muscular fibres themselves are healthy, they can bear this additional labor, and will even multiply, that they may the better bear it. Ordinary life is in no way endangered by this condition, and frequently, under proper hygienic measures and diet, the superfluous fat will disappear from the heart as it will from other parts of the body.

There is a stage in this process of change in the walls of the vessels which ultimately results in fatty degeneration of the heart, or disease of its valves, which should be recognized and understood, during which stage sudden deaths from apoplexy, the result of rupture of a bloodvessel in the brain, are not unusual, and another stage in which death from "heart failure" is common in the various acute diseases which are ordinarily recovered from. Preceding the permanent change in the walls of the vessels throughout the body which is characterized by thickening of their walls, lengthening of the vessels themselves and a diminution of their calibre, is a condition of irritation which produces contraction of the smaller vessels and renders the larger ones more tense than is normal. The heart, to overcome the results of these pathological changes, which, of course, produces obstruction to the blood-current, beats with greater force, and ultimately enlarges to compensate for the obstruction. The tension of these larger vessels is owing to their distention; they are stretched to their utmost capacity. At such a time anything which increases the force and action of the heart still further, endangers the walls of these vessels in parts where they are especially weakened and are least supported by the surrounding tissues, as in the mucous membranes lining the air-passages or in the substance of the brain. Thus a hæmorrhage from the lungs or a profuse nosebleed is not uncommon, as the result of an extra effort, a violent paroxysm of coughing or vomiting, or a fit of passion, in persons supposing themselves to be in perfect health. These accidents, like an attack of gout in the great-toe joint, or an attack of acute indigestion, are merely reminders that something is wrong. Unless these signals of approaching danger are heeded, accidents of a more serious nature



are sure to follow; or the slow process of artificial change described above is finally developed. The most serious accident which can arise from this sudden overaction of the heart is the rupture of a bloodvessel in the brain, the result being an apoplectic stroke with its accompanying paralysis of one side of the body, or death from pressure of the escaped blood on the brain-cells in the neighborhood of the rupture. It will be seen, therefore, that apoplexy and one of the forms of paralysis, so dreaded by the laity, are the direct results of heart trouble; for the heart under such circumstances is troubled in its efforts to overcome obstacles in the circulatory current. These obstacles are generally the result of indiscretions, such as the habitual use of wine or excess in the eating of food highly charged with nitrogen, as beef, mutton, venison; or of indiscretions of other kinds which lead to the same result.

The other stage referred to, is where the arterial changes have actually become established, but are progressive. With others, the arteries supplying the heart-walls are involved. As was before stated, these changes interfere with the nutrition of the heart, and the heart is permanently weakened. During certain illnesses, particularly pneumonia and pleurisy with exudation, the heart has extra work to do in overcoming obstacles the result of inflammatory processes and pressure, and being itself further weakened by the high fever and the diseased state of the blood from which it derives its nourishment, it gives out, and the patient dies of heart failure and not of the acute, the accidental disease. Another danger in these cases of weakened heart is that when still further weakened by disease, loss of blood or prolonged fatigue, clots are apt to form in the cavities of the organ and to be carried with the blood-current through the arteries until they finally become lodged at a point too small for them to pass. The supply of blood is cut off from the tissues nourished by the occluded vessels. If it be a vessel in the brain, a condition similar to the results of pressure from hæmorrhage follows, with poorer chances of recovery, the result frequently being sudden death.

Disease of the aortic valve—or the valve which lies at the root of the aorta and by its closure prevents the return of blood from that vessel into the left ventricle from which it has its origin—which is common as the result of extension of the atheromatous disease process from the aortic walls, always acts as an obstruction to the blood-current and requires a careful, guarded life.

Space will not allow further consideration of the various forms of

heart disease, and, as those forms resulting from these arterial changes are the most common in middle and advanced life, and are the ones which can be avoided by a discreet life, I will briefly consider the mistakes and indiscretions which ultimately give rise to them, and the errors which so often result in sudden death.

These forms of heart disease are more common among the well-to-do brain workers than among the middle classes and those who earn their livelihood by manual labor. It is exceedingly rare among the middle classes, for the reason that, in order to keep up a respectable show of appearances, they are obliged to forego certain habits of life and luxuries which tend to a lithæmic condition of the blood, the result of disturbed liver function. They are also, as is well known, a temperate class. With the laboring classes, the drinking of ardent spirits is common; but the daily physical work which they are obliged to perform is conducive to great activity on the part of the liver, and alcohol is readily consumed in their bodies, otherwise these diseases would be more common among them.

It is generally supposed that excessive brain work is the main factor in the wearing out of the heart, and that nervous prostration or neurasthenia is at the bottom of the conditions of life which lead to these sudden deaths from heart disease among our great men. It is exceedingly rare that nervous prostration is mentioned in the newspapers as the cause of death. The following is the nearest approach to this diagnosis which has appeared of late.

“His unremitting labors since the beginning of the session added to the great responsibility of his position have served to exhaust his vitality and render him particularly susceptible to attacks of this nature.”

But even this only takes in a short period of the victim's life. Would the healthy heart have entirely given out, even with this strain, were there not a factor dating back and covering a long period of years, which contributed largely to this fatal termination of a valuable life, and that factor lithæmia?

True, excessive taxation of the brain often has to do with the causes of these diseases, but a healthy brain in a healthy body will stand an amount of work which is often truly surprising; and the body rarely becomes affected by any of the organic diseases from excessive brain work alone. Numerous examples will come to the mind of every reader where even into good old age, men who have led strictly temperate lives have preserved their mental faculties in all their activity to the very last, and have finally died with a quiet,



painless, peaceful form of death. But still, mental over-work long continued will bring about the conditions of the digestive organs which result in arterial changes, which, as has been stated, cause the heart to fail long before it should.

The following, taken from a medical journal, is a case in point: "One of London's most successful physicians, a few months before his death, in conversation with a friend, said, 'You see me, a little over forty years of age, in full practice; my rooms are full and I am making several thousand pounds per annum; all this I have done by sheer perseverance, unceasing hard work and no holidays. I have fatal disease of the heart, the result of anxiety and hard work. I know I cannot live many months, and my parting advice to you is this: Never mind at what loss, take your six weeks' holiday. It may delay your success, but it will ensure its development; otherwise you will find yourself at my age a prosperous practitioner, but a dying man.'" To what profession or business will this not apply! Only recently a life-long temperance man of seventy, came under my care for troubles resulting from chronic disturbance of the function of the liver, requiring an operation. He put the question in all seriousness, "If I have this operation performed on Saturday night, can I not go to my business on the following Monday morning?" adding, "For thirty years I have never been absent from my business a single day." The operation necessitated his remaining at home for two weeks. His worry was evident. He seemed to believe that his business would come to a standstill if he could not give it his personal attention. At the end of the two weeks he appeared quite surprised that his son, a man of thirty-five, who had grown up with the business, had managed it about as well as if he himself had been at the helm. Fortunately, one of these two weeks was that of the "blizzard." The son has risen in the estimation of the father. It would certainly have been better for the father, for the son, and, perhaps, for the business as well, if these two weeks of holiday had occurred semi-annually for the past twenty years. It would be good policy for all of our business men, instead of tiring themselves out, to give the young men a chance, and rest for a period from their labors. It is only necessary for a prominent business man to retire or die, and a young one will shortly spring up who will handle the reins with equal skill and success.

This steady untiring labor is one of the causes of the wearing out of the heart, but this pulsating organ will last a long time if, added to this, there are or have been no grievous indiscretions in life.

It is claimed by some pathologists that derangement of the nervous system is the direct cause of organic diseases of the heart. But this is far from being proven, and is doubted by the best authorities. Certain it is that when these diseases exist in such subjects, it is found that the heart is not alone involved in diseases, and it is more than presumable that its diseased condition is secondary to, or a complication of, disease of other organs, aside from the nervous system.

Throughout this paper, the phrase, "functional diseases of the liver," has been repeatedly used; and to this condition, long continued, has been attributed the changes in the walls of the vessels which ultimately lead to organic disease of the heart and heart failure. It will be well to briefly explain what is meant by this condition. This great glandular furnace and chemical laboratory, the liver, is really chief of the organs concerned in the digestion and assimilation of food. In perfect health, in youth and early manhood, it can be taxed considerably without serious disturbance of its chemical functions; but if, for a length of time even in the healthiest, it is overtaxed, it rebels and refuses to do its work. One of its principal functions is the transformation of excess of nitrogenous waste into the highly soluble excrementitious substance known as urea. This excrement is eliminated from the blood with which it becomes combined, mainly by means of the kidneys. In certain derangements of the liver the nitrogenous waste is not converted into urea, but into uric acid, a comparatively insoluble and toxic substance which is with great difficulty eliminated. Its accumulation in the blood gives rise to the condition known as the "gouty diathesis," or lithæmia, and from this condition, it is generally conceded, result the arterial and capillary changes which are ultimately instrumental in producing certain forms of organic disease of the heart, kidneys, liver and nervous system. The writer unhesitatingly asserts that the forms of heart disease which kill so suddenly, and which do not result from an endocarditis or the presence of a specific poison in the blood, in nearly every instance arise directly from the pathological condition known as lithæmia.

Conceding, then, that liver disturbance is the primary cause of the premature wearing out of the heart, it is proper to ask: What gives rise in a healthy man or woman to this disturbed function? The answer in brief is: Indiscretions in living on the part of the patient or his ancestors. In what does this indiscretion consist? What mode of life will prevent these diseases? When they do exist,



how shall a life be regulated so as to avoid sudden death, or the rapid failure of that most vital of all the organs, the heart?

It would carry me too far were I to attempt to give answers to these questions that should be perfectly satisfactory to the inquiring scientific mind. The answers given, however, are founded upon careful study and observation, and supported by the opinions of the best pathologists in this line, on our own and the other side of the water.

Chief among the indiscretions referred to, is the habitual though moderate use of drinks containing alcohol. With but few exceptions, the exhilarating, the damaging ingredient of all these so-called stimulating drinks is alcohol. It matters not whether they be in the form of spirituous liquors, cordials, still wines of high or low grades, the most delicate champagnes, ales or beers. Independent of the effect of alcohol in disturbing the function of the liver, its presence in the blood and actual contact with the delicate structures of which the body is composed, does injury which aids in the production of the changes which finally result in the wearing out of the heart.

Second in importance of these indiscretions is the excessive use of meat as an article of diet and the excessive use of other kinds of food.

*Third.*—Sedentary habits with a lack of a proper amount of physical exercise in the open air, and lack of healthful mental exercise.

*Fourth.*—Mental strain, too close attention to business, accompanied as it generally is by a lack of a proper amount of diversion and amusement, irregularity in eating, which generally results in dyspepsia and loss of appetite, and too little sleep which finally results in insomnia or inability to sleep.

*Fifth.*—The habitual and indiscriminate use of drugs and patent medicines.

In a very large majority of the cases of weakened or diseased heart there have been two or more of the above-mentioned factors concerned in their development.

Added to these are certain unmentionable indiscretions which by their direct action on nerve centres disturb the functions of all of the organs of the body and finally result in premature wearing out of the heart as a part of a general process. Many of our cases of supposed organic disease of the heart in young persons, really cases of *irritable heart*, purely nervous affections, are attributable to these indiscretions, which may finally result in organic disease of this organ.

The answer to the question, What mode of life will prevent these diseases? is simple enough. A discreet life, temperance in all things, and particularly the avoidance of the above-mentioned indiscretions, especially the habitual use, even in moderation, of stimulating drinks and the ingestion of too much meat.

Finally, when these changes are known to exist, how shall a life be regulated to avoid sudden death or the rapid failure of the heart?

In the *Medical Record*, of April 14th, is found such a complete and satisfactory answer to this question, and it is so in accordance with my own views and experience in practice, that it will be quoted in full:

“Dr. George Harley ends his lectures on the effects of moderate drinking upon the human constitution with the following conclusions: ‘1. That alcohol, when indulged in, even well within the limits of intemperance, has a most prejudicial effect on heart disease. 2. That mental excitement is a cause of rupture of atheromatous bloodvessels. 3. That sudden spurts of muscular exertion act most deleteriously on all forms of organic cardiac affections. 4. That mere extra distention of a stomach by wind may suffice to fatally arrest a diseased heart’s action. The knowledge of these facts has for some years led me to make it an invariable rule to impress upon all patients laboring under diseases of the circulatory system who desire to minimize the effects of their complaints and ward off as long as is possible the inevitably fatal termination, to pay strict attention to what I call the following three golden rules—(1) Take exercise without fatigue, (2) nutrition without stimulation, and (3) amusement without excitement.’”

In closing this article, which has already outstepped the bounds of its intended limits, the author proposes to leave the sphere of his own profession and make a suggestion in political economy to the law-makers of our land, which, if favorably acted upon, would be the means in many instances of preventing the wearing out of the American heart, lungs, liver and kidneys, and of saving to the nation many valuable lives, lives that cannot well be spared. For the innovation he asks pardon of the lawyers and statesmen.

The suggestion is this: That a corps of expert medical examiners be appointed by each state, whose duties shall consist in the making of a thorough and scientific physical examination of every adult citizen at least once a year, and that the result of that examination be given in writing to each person examined; the expense of such examinations to be borne by the state; the examiners to be salaried



officers, who shall not be permitted to engage in private practice; and that such examination shall be compulsory.

By this method, and this only, could men active in business or profession be kept informed as to the actual state of their health. Few, till reminded by symptoms of which they are conscious, trouble themselves as to their physical conditions. The time for medical skill to be of service is often before the evidences of disease have been made manifest to the patient; and indiscretions are often indulged in which would be avoided did he know that by such indulgences, health, life, was endangered. Our life insurance companies and our national banks are obliged by law to submit sworn statements annually, regarding their financial condition. Paid examiners, experts, are provided by the government, whose duties consist in carefully scrutinizing the books of these institutions to see if their financial statements are correct. Is money of more value than life? Had the late Chief-Justice known that his heart was weakened, probably from the very conditions mentioned above, would he have insisted on attending court and participating in an important and exciting decision, while in a feeble state of health, the result of a cold? Would a late former Commander-in-Chief of our armies have risked his life by an unnecessary and sudden muscular spurt, had he known that his heart was unequal to such an effort, and that death would result from it? The very recent sudden death of Matthew Arnold was the immediate result of a violent and unnecessary muscular exertion.

If it be argued that the law would be difficult to enforce, the answer may be given that valuable citizens are law abiding, and that few whose lives were worth the saving to the state or nation, would violate the law by neglecting its provisions.

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### THREE CASES OF PAPILOMATA OF THE LARYNX.

BY HORACE F. IVINS, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania,  
September 18th, 1888.)

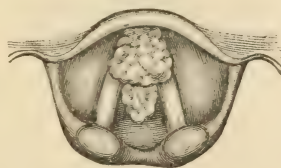
It is not intended that this article shall deal especially with the cyclopædic knowledge of papillomata of the larynx; neither is it believed that it will contain anything of especially original value to the laryngologist; but it is hoped that these three cases which I shall submit to your consideration may prove somewhat interesting

from the fact that such cases are so seldom reported in our literature. Especially is this true where an undoubted laryngeal neoplasm has disappeared during the administration of an internal remedy, unaided by surgical means.

CASE I.—On the 22d of May, 1884, a boy, *æt.* 13, was brought to my office for the diagnosis of an affection of the throat. He presented the following history: When six years of age he suffered from severe dyspnœa with aphonia and general loss of flesh. He was taken to a laryngologist, who diagnosed a “cystic tumor” of the larynx, a portion of which was removed, but, the dyspnœa not being relieved, it was found necessary to resort to tracheotomy. Following the opening of the windpipe all of the symptoms were promptly relieved, with the exception of the aphonia, which remained constant.

The general health has since been good, save for an attack of typhoid fever in 1882, from which he speedily recovered. Two weeks before his first visit to the office, the canula was removed for the

FIG. 1.



purpose of cleansing; it was, however, left out so long that it was impossible to replace it without the assistance of a physician, when Dr. J. W. Strong was summoned, who later referred the patient to me. As the breathing was not embarrassed with the tracheotomy wound closed, it was deemed advisable not to re-insert the tube. Medicines were prescribed with the hope of relieving the permanent loss of voice and profuse expectoration. There was no cough and no pain.

As no improvement followed, the patient was brought to my office as already stated.

*Status præsens.*—General condition good; the laryngoscope showed the existence of a large laryngeal tumor; it was a granular, grayish-looking mass, which apparently sprung from the anterior commissure of the larynx. It seemed to be composed of two portions, the lower, larger portion extended between and below the vocal bands and reached beyond the middle of the larynx, measured antero-posteriorly; the upper but smaller portion rested upon the surface of the bands and upon the lower growth, which extended



farther back than did the upper. Thus more than one-half of the glottic length was closed by this rather soft, warty growth.

The epiglottis was so dependent as to prevent a complete view of the growth except during forced inspiration and forced expiration.

An operation was advised, to which a ready assent was given. Although no dyspnoea existed, I was afraid to operate upon so large a growth without the presence of the tracheal canula, consequently it was, with difficulty, replaced.

On the following day a series of probings was instituted in order to accustom the throat to the presence of instruments. A soft probe was used at first, but later a metal one was employed.

On the 29th of May, Schrötter's tube-forceps were used, and a large portion of the upper growth and a small part of the lower were removed; no hæmorrhage and almost no pain ensued. On the following day the forceps were again used, and portions of the growth removed. This was repeated at intervals until the 1st of June, when the last of the tumor was evulsed. Alcohol was applied to its base by means of a cotton-covered probe. Later, a 60-grain solution of nitrate of silver was applied for the purpose of preventing a recurrence of the papilloma.

On the 7th of July the canula was removed, as there was no laryngeal inflammation present, and no tendency towards a reformation of the neoplasm. There was, however, a slight thickening of the mucous membrane at the anterior commissure. No attempt was made to close the external opening, as it was feared that some granulation or hypertrophied tissue might prevent free respiration, but as this did not occur, and as there was no return of the original trouble some months after the removal of the tube, the edges of the wound were carefully denuded and brought together by means of stitches. Unfortunately, one of the stitches gave way as the result of exercise on the ball field.

August 3d, 1886, no change was manifest in the appearance of the larynx, the voice was normal and respiration perfect. The small wound was again closed, but, as at first, unsuccessfully, owing to the development of a temporary cough; but on the 9th of April, 1888, the pin-hole opening was finally closed. The voice, the breathing, the general health, and the larynx itself, with the exception of the thickened point of tissue already referred to, were normal.

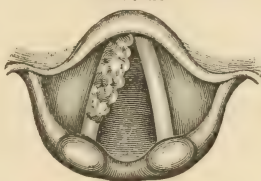
CASE II. — Mr. —, æt. about 50, consulted me on the 13th April, 1885, at the suggestion of Dr. E. R. Snader. The patient said that for a long time he had had trouble with his voice, which had

been very changeable, being sometimes quite audible, while again it was lost. Six months before his first visit he contracted a cold, which resulted in a permanent loss of voice without pain, and cough had only developed recently.

In 1884 he consulted a specialist, who diagnosed a tumor of the larynx and advised operation. This was declined, and some weeks later, after a severe paroxysm of coughing, the growth was expectorated; the voice became suddenly clear, and remained so for a number of months, when the hoarseness gradually returned. The uvula had been clipped a number of months before, but with no permanent relief.

*Status præsens.*—Hoarseness marked; with effort could speak quite audibly in a high pitch; without effort the voice was rough, rasping, and indistinct. The laryngoscope showed the presence of a large growth on the right vocal band. The tumor extended from

FIG. 2.



the anterior extremity of the band to within two lines of the arytenoid cartilage. The whole width of the visible band was involved.

The throat and mouth were so exceedingly sensitive that it was impossible to introduce an instrument into the larynx. It was necessary, therefore, to have him practice, semi-daily, with a probe until the parts were sufficiently tolerant to permit instrumentation.

On the 21st of the month two small pieces were removed with modified tube-forceps without cocaine; the drug was used later, and a large portion of the growth removed.

This procedure—with cocaine—was repeated every few days until the neoplasm was destroyed, when the iodide of glycerine was applied. The day's operation was always terminated either because the tumor was obscured with blood or because it was considered best not to further irritate the larynx.

On the 19th of August a slight redness was all that remained, and the voice was almost normal. Various remedies were employed, chiefly sanguinaria nitrate and argentum nitricum.

In November the voice again grew hoarse, owing to a return of



the growth, which was removed as before, but this time the voice did not regain its normal character owing, apparently, to an hypertrophy of the bands.

On the 22d April, 1887, several months after the preceding treatment, some of the tumor was discovered, but was not removed, owing to the patient's inability to spare the time from his arduous duties. Since that time, although he has promised to continue the treatment, he has not done so.

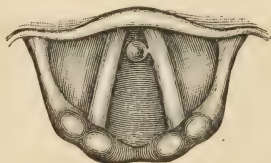
The voice is about as it was eighteen months ago, although it was much better in the interim, owing to the expectoration of a portion of the papilloma. The growth is now chiefly confined to the free border of the vocal band.

It is well known that these tumors frequently recur after removal, but perseverance in such treatment usually eventuates in cure.

CASE III.—Mr. D., æt. about 55, was referred to me by Dr. R. B. Weaver in November, 1883. He had long complained of a hoarseness which was very irregular, words being nearly inaudible here and there during conversation. There was considerable expectoration, but no pain and no dyspnoea.

Examination revealed the presence of a chronic follicular pharyngitis, a chronic laryngitis, and a very marked hypertrophy (?) of the

FIG. 3.



left ventricular band. The enlargement was so extensive as to nearly hide the vocal band below it. It was with great difficulty that a view could be obtained, owing to the dependence of the epiglottis, which it was sometimes necessary to elevate with a laryngeal probe. The condition was treated both locally and constitutionally until the enlargement had greatly subsided; I then lost sight of the patient for a time; when I again saw him I discovered a small, round, cherry-red tumor attached to the anterior portion of the left vocal band at the junction of the middle and anterior thirds. It was attached by a pedicle to the under surface of the free border of the band. During normal respiration the tumor dropped below the bands; during forced expiration it was thrown up between them, and if a tone were produced directly after such forcible expiration,

the tumor would rest on the vocal ligaments, the pedicle being caught between them. Thus was explained the irregular voice. The tumor was about as large as a very small cherry-stone.

Although the voice was much stronger than at first, although the ventricular band was nearly normal and the catarrhal condition better, I advised the removal of the papilloma (?) as the best and most speedy way of giving relief; but to this the patient was not willing to consent. Therefore, the *kali bichrom.* 12x was continued internally and powdered alum was applied to the larynx as before.

This internal remedy was continued for some months, and although the voice was much better, the tumor had not changed in appearance. At that time *sanguinaria nit.* 3x was prescribed and taken once a day for about three weeks, then no remedy was given for some weeks, when the *sanguinaria* was resumed. It often happened that the patient would not call for five or six months, but in March of this year, the tumor was but little larger than a pin's head. It had lost its redness and appeared to be almost ready to be expelled.

When seen to-day—September 18th—the tumor had entirely disappeared, leaving the vocal band smooth; but a considerable part of the laryngeal catarrh had returned. The voice was weak but regular in volume.

In the first and second cases the diagnosis was confirmed after the removal of a part of the growth, so that there can scarcely be a doubt as to the truth of the opinion; but in the third instance, I was alone guided by the laryngoscopic views which, though so difficult to obtain, revealed such a characteristic condition that there can be, it seems to me, but little doubt of the correctness of the conclusions.

That nature will occasionally relieve these growths is quite evident as recorded in the second case, but it seems equally true that they are not free from return even though nature has removed them quite satisfactorily. It is not right, therefore, to make, as some have done, the unqualified statement that "these tumors are reproduced as the result of instrumental irritation." That nature does seem to completely cure these pathological formations is apparently demonstrated in a case where a tumor was situated on one of the glosso-epiglottic folds. I had seen the neoplasm twice, and had made arrangements to operate two days after the patient's second visit, but on the day appointed the growth had disappeared, the patient saying



it was gone in the morning when she awoke, but she knew nothing further of it. There has been no return of the tumor.

This is, of course, only one of numerous cases which have occurred, some of which have been reported, whereas many, no doubt, occur without recognition, or, if noted, are not reported.

In the first and second cases internal treatment seemed to have no influence, though long tested; in the third case, the growth evidently decreased in size during the time that the remedy was being taken, and finally disappeared during this summer. It is not possible to say that the remedy was the cause of this cure, but let us trust that it had its influence for good.

In the first case the result was all that could be desired; in the second the treatment was unfortunately discontinued at the critical period; and in the third the tumor is gone, leaving us only the catarrh with which to deal.

It is exceedingly unfortunate that so few cases of cure or relief of undoubted laryngeal tumors have been reported by the members of our school. Too often remedies are lauded for cures which are very doubtful, since often no account exists of a laryngoscopic examination, and it is rarely possible to make an exact diagnosis without this aid. In other instances, there can scarcely be a doubt of the cure, so carefully was the diagnosis made and so apparent the remedial results.

Let us hope that no one will feel content to treat any well-marked case of laryngeal disease without making a careful examination with the mirror, and then let him feel it his duty not only to make notes of such cases for his own benefit, but to report such as seem to him to offer decided evidences of relief or cure, either by nature, medicine, or surgery.

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#### A CASE OF IPECAC POISONING WITH MARKED EYE SYMPTOMS.

BY HAROLD WILSON, M.D., DETROIT, MICH.

EARLY on the morning of April 25th, 1888, Chas. E. A., æt. 18, came to my office in great distress. Both eyes were tightly bandaged, the head hung down, and he was led in by his father. On the day previous, in the capacity of drug clerk, he had had occasion to pulverize some ipecac root, and had pounded some twenty-eight ounces to

powder in an open iron mortar. He had gone to bed, feeling as well as usual, but was awakened about 1 A.M. by an intense pain in both eyes. There were profuse lachrymation and great photophobia, and with these symptoms there was constant nausea, but without vomiting. This state of affairs had continued from that time until I saw him. I found the skin of the lids and parts about the eyes dusky red, margins of lids reddened, conjunctivæ slightly injected, particularly on the lids, faint circumcorneal redness, great photophobia and copious lachrymation, especially when the lids were separated. The irides were somewhat contracted, not mobile, and apparently darkened in color. The pain was constant and severe; it seemed to localize itself just over the eyes, beneath the brows, and was much worse over the left eye. There was also a slight dull headache in the frontal region, just above the inner canthus; there was the sensation of a foreign body being in the eye. Nausea was constant and the appetite was gone.

I first instilled cocaine several times, but without any noticeable effect upon the pain or upon the pupils. Atropia sulph. solution, 1 gr. to the ounce, was next dropped into the eyes a number of times, but this also failed to effect dilatation, and a few of the atropia crystals were finally placed in the conjunctival sacs. Even then, dilatation, although regular, was slow, and several applications of these were necessary to secure the full effect of the drug. The left pupil was more sluggish than the right. I prescribed the local application of hot cloths to relieve the pain—which it did not do, particularly—and gave the patient *nux vom.* 3x internally. As soon as the pupils were dilated, the photophobia and lachrymation were somewhat lessened, and during the day the symptoms all gradually abated a little; two days after, all symptoms had disappeared, and there was nothing to show for the recent trouble, except the dilated pupils due to the atropia.

The only similar case I have found recorded, is that reported by Tamhayn, in the *Jour. of Pharm. and Therap.*, i., p. 397, referred to in Allen's *Encyclopædia of Pure Materia Medica*, vol. v., p. 138. In this case the *right* eye was most affected; the cornea was involved and vision was much reduced. In the case reported above, the *left* eye suffered most, the cornea seemed to be normal, and vision was not noticeably changed.



## THE EFFECTS OF TOBACCO ON THE HEART.

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(Read before the Homœopathic Medical Society of the State of Pennsylvania, Sept. 19th, 1888.)

MEDICAL opinions concerning the effects of tobacco on the heart are by no means definite or uniform, if the various views of writers on the subject be compared. On the one hand, the belief is stanchly held that hypertrophy of the heart is frequently and directly produced by the habitual use of the weed in its various forms. On the other hand, the assertion is made with equal positiveness that no organic heart lesion can be definitely laid to the blame of tobacco. Investigation into the possible effects of tobacco on the heart should, logically, embrace:

*First*.—An inquiry into the drug properties of tobacco and its active principles, *i.e.*, the power of tobacco to produce toxic effects upon the heart.

*Second*.—(If the plant shows toxic properties, and they are manifested upon the heart.) The nature of that action, *i.e.*, whether sympathetic, specific, or organic or inorganic.

*Third*.—The signs and symptoms by which we can definitely recognize and systematically classify the tobacco heart disease or diseases.

And, as a natural corollary, from a medical standpoint:

*Fourth*.—The measures for the prevention, amelioration or cure of the disease.

That tobacco does affect the heart, is theoretically certain if the various investigations into the nature of the plant are even approximately correct. For scientific purposes lay diatribes against the tobacco habit are absolutely valueless, inasmuch as isolated instances are cited as a text for sermonizing, and no effort is made to prove beyond cavil that cited instances of poisoning are unquestionably due to tobacco. Dr. Benjamin Ward Richardson, while studying the effects of tobacco upon the general system, found that there existed in tobacco smoke the following constituents: *Water*, in a state of vapor; free *carbon*, diffused in very minute particles, or soot; some *ammonias* (in a state of vapor), giving to the smoke an alkaline reaction; *carbonic acid* and *carbonic oxide*, each in a state of gas, and a vapor easily condensable into an oily-like substance, crude *nicotine*. It will be seen that tobacco smoke is a complex substance. The fluid alkaloidal body, nicotine, further yielded a volatile empyreumatic substance, which contained an *ammonia* and a dark, resinous, bitter extract.

The products of the combustion of tobacco, however, have been

separated into still more refined divisions. Eulenberg and Vohl passed the smoke of tobacco through a strong solution of potassa, and afterwards through a solution of dilute sulphuric acid.

The solution of potassa separated carbonic, acetic, formic, butyric, valeric and other acids, including even hydrocyanic, together with creosote and some hydrocarbons.

("The acid solution fixed ammonia, and a series of oily bases resulted belonging to those homologues of aniline which Dr. T. Anderson first discovered in coal tar.) These bases run parallel with aniline and, under the action of iodide of ethyl, yield ammonium compounds. They are composed of the elements of carbon, hydrogen and nitrogen, and they differ in physical, and, probably, in physiological qualities, according to their atomic weights. The lightest is pyridine, composed chemically of  $C_5H_5N$ ; the heaviest is viridine,  $C_{12}H_{19}N$ ; and intermediate are picoline,  $C_7H_7N$ ; lutidine,  $C_7H_9N$ ; collodine,  $C_8H_{11}N$ ; parvoline,  $C_9H_{13}N$ ; coridine,  $C_{10}H_{15}N$ ; and rubidine,  $C_{11}H_{17}N$ . Pyridine was found to be most abundant in smoke from tobacco, and picoline, lutidine and collodine in smoke from the cigar." However, in everyday smoking, all these products are not formed and inhaled, but the carbon, the ammonia, the carbonic acid and oxide and the nicotine are produced. The carbonic acid and the nicotine are the agents that most affect the heart.

These investigations prove that tobacco has toxic power. The question naturally arises, if toxic, and it affects the heart, through what physiological system are its effects produced? The intensity of the symptoms developed by a first smoke disprove the popular idea that tobacco is a narcotic, like opium. Primarily its action seems to be as an irritant to the motor nervous system, and certainly "not as a narcotic upon the sensational." In addition to the general phenomena produced by a toxic first smoke, the condition of the heart of man, reasoning from the analogy of experiments on animals, ought to closely resemble Richardson's description: "The heart, overburdened with blood, and having little power left for its forcing action, is scarcely contracting, but is feebly trembling, as if, like a conscious thing, it knew equally its own responsibility and its own weakness. It is not a beating, it is a fluttering heart; its mechanism is perfect, but each fibre of it, to its minutest part, is impregnated with a substance which holds it in bondage and will not let it go."

If such are the acute toxic effects of tobacco upon the heart, what are the pathological conditions, disorders and symptoms produced by the abuse of it, and by working in it for a considerable period of time? In a progressive study of the subject, I accepted as a fact



the chemical proof of tobacco's toxic power, the probable truth of the asserted condition of the heart in animals when first under the weed's influence, and the reasonable inference therefrom of a similar cardiac condition in man; but, I regarded it as essential that investigation from a clinical standpoint also should positively demonstrate that tobacco produced cardiac effects. With the object of attempting such a demonstration, I began, among the employees of tobacco factories, a series of examinations. The following is a table of the results obtained from the careful examination of thirty-one hearts:

No.	Sex.	Age.	Years.	Time employed working in Tobacco.	Use of Tobacco.	Length of time Tobacco was used.	Pulse Characters.					Pulse Rate.		Character of Impulse.			Palpitation.	Organic Disease Present.
							Irregular.	Intermittent.	Weak.	Strong.	Normal.	Standing.	Sitting.	Diminished.	Increased.	Normal.		
*1	M.	25	24		C.	S.					S.	56	68		I.		Yes.	Hypertrophy.
2	M.	29	6			S.	I.	I.	W.			136	138	D.			Yes.	
3	M.	23	7			S.	I.					76	60			N.	No.	
4	M.	19	6		C.	S.	I.	I.		S.		84	80		I.		No.	Hypertrophy.
5	M.	25	14		C.	S.					N.	84	84			N.	No.	
6	M.	25	15		C.	S.			W.			80	72	D.			No.	
7	M.	25	12			S.	I.			S.		100	80		I.		No.	Hypertrophy. Aortic stenosis and Hypertrophy.
8	M.	32	22			S.					N.	68	68		I.		No.	
9	M.	17	7		C.	S.	I.					100	72			N.	No.	
10	M.	23	6		C.	S.	I.					100	84		I.		No.	Hypertrophy.
11	M.	18	5		C.	S.	I.					80	68		I.		No.	
12	M.	19	7		C.	S.	I.	I.	W.			92	80	D.			No.	
13	M.	22	7		C.	S.	I.	I.	W.			84	84	D.			No.	Hypertrophy.
14	M.	18	7		C.	S.	I.					72	52			N.	No.	
15	M.	17	5		C.	S.					N.	84	63			N.	No.	
16	M.	30	8			S.	I.	I.				100	76	D.			No.	Hypertrophy.
17	M.	22	3		C.	S.					N.	72	54			N.	No.	
18	M.	22	7		C.	S.	I.		W.			88	76	D.			No.	
19	M.	28	14		C.	S.					N.	72	60			N.	No.	Hypertrophy.
20	M.	22	10			S.	I.		W.			104	96	D.			No.	
21	M.	32	18			S.				S.		68	68		I.		No.	
22	M.	23	2½			S.	I.	I.		S.		88	64		I.		Yes.	Hypertrophy.
23	M.	21	5		C.	S.	I.		W.			112	106	D.			Yes.	
24	M.	22	6m			S.	I.					80	72			N.	No.	
25	M.	21	5			S.	I.	I.				96	66	D.			No.	Hypertrophy. Hypertrophy and Aortic stenosis
26	M.	23	7			S.	I.		W.			72	66		I.		Yes.	
27	M.	21	3			S.	I.					72	68			N.	No.	
28	M.	26	10		C.	S.	I.					92	80			N.	No.	Hypertrophy.
29	M.	23	9		C.	S.			W.			100	84	D.			No.	
30	M.	28	9		C.	S.	I.	I.	W.			72	88	D.			No.	
31	M.	29	15			S.						64	56	D.			No.	

\* This patient was born and raised in a tobacco factory.

All the subjects examined were males. The oldest was 32 years of age; the youngest, 17.

The longest period of time employed working in tobacco, was 24 years; the shortest, 6 months; one worked 22 years; eight, over 12; twenty-five, 5 years or over.

Thirty-one smoked, and of this number fourteen smoked only, and seventeen both chewed and smoked.

The longest period of use of tobacco was 24 years; the shortest, 3; one used the weed 15 years; one, 16; one, 18; one, 19; one, 20; one, 21; and nineteen, over 10 years.

The use of the weed was begun in one instance at 1 year of age; one at 5; two at 7; one at 8; one at 10; and the remainder, with two exceptions, formed the habit at or about the period of puberty.

The character of the pulse was irregular in twenty; intermittent in seven; weak in eleven; strong in five (strong in only two cases of hypertrophy); both irregular and intermittent in seven; irregular, intermittent and weak in three; irregular and weak in three; simply weak in two; normal in twelve.

The highest pulse-rate, standing, was 136; sitting, 138. The lowest pulse-rate, standing, was 56; sitting, 56. Eight had a pulse-rate of over 100 when standing; two over 100 while sitting. Twenty-two had a pulse of over 72 while standing; fourteen over 72 while sitting. Three had pulses of less than 70 standing. Three had pulses of the same rate standing as sitting. Two had pulses faster while sitting than standing (one a case of aortic stenosis). The pulse-rate was below 70 both standing and sitting in four cases. In one case of enormous hypertrophy the pulse was 56 standing and 68 sitting. In three the pulse was stronger when sitting than when standing.

The impulse was diminished in twelve; increased in nine (increased in two without hypertrophy); the impulse was (nearly) normal in ten.

Five had experienced attacks of palpitation, three of whom suffered from hypertrophy. Only one had the palpitation directly following the use of tobacco.

Eight cases of hypertrophy were discovered, six simple and two associated with aortic stenosis. It would be manifestly unfair to infer, simply because the subjects of hypertrophy were workers in and users of tobacco, that the enlargement of the heart was due to the plant. All the remaining causative factors of cardiac overgrowth could not be excluded, and hence the solution of the question of



origin remains *sub judice*. That the tobacco habit can cause the so-called irritable heart, I do not doubt; but that tobacco sets up a particular and specific hypertrophic enlargement seems conjectural. It seems only fair to say that the abuse of the plant may lead to an irritable heart, and that an irritable heart may become hypertrophied, but that, if such enlargement does take place as a consequence of the toxic effects of tobacco, it is not a specially peculiar muscular increase, and is probably undistinguishable from other forms. (The existence of the traditional tobacco hypertrophy I cannot but regard as unproven.) In all the cases of hypertrophy I elicited a history of considerable muscular exertion and rough out-door sports. One was a base-ball pitcher. All the hypertrophies were symptomless. In but two could I elicit histories of palpitation, and even this information was secured by dint of close and persistent questioning. The men did not know they had a heart so far as symptoms were concerned. It is quite possible that the sedative effect and the cardiac muscular weakness induced by the habit kept the heart from manifesting its full strength. The effect of the tobacco had probably been to diminish the force of the heart's action and induce vessel relaxation. This symptomless character of the hypertrophy would apparently seem entitled to be considered pathognomonic of the effects of tobacco on the heart, and to be of diagnostic value. However, this symptom is not met with alone in users of the weed. I have seen other symptomless cases of simple hypertrophy where there existed no tobacco habit or history of it.

Neither of the cases of aortic stenosis knew they had heart disease, and but one reported having experienced palpitation. Neither had suffered from inflammatory rheumatism, but one had passed through the exanthemata. In one the pulse-rate was practically normal, 66 sitting, 72 standing, although in character the pulse was irregular and weak. In the other, the pulse was the same when standing as when sitting. (Equality of the standing and sitting pulse appeared in one other case.) It would be unwise to consider the aortic stenosis due to tobacco simply because of the absence of a history of inflammatory rheumatism. I have seen a number of cases of idiopathic valvular disease. The fact of their symptomless existence is of no special significance, inasmuch as compensation was fairly perfect. It is the every-day experience of physicians that valvular lesions are discovered by systematic examinations, the existence of which had never been suspected by the patients.

In twenty cases there existed a considerable abnormal disparity between the pulse when sitting and when standing, viz.: 56 standing,

68 sitting (hypertrophy); 76 standing, 60 sitting; 100 standing, 80 sitting; 100 standing, 72 sitting; 100 standing, 84 sitting; 72 standing, 52 sitting; 84 standing, 68 sitting; 100 standing, 76 sitting; 72 standing, 54 sitting.

A peculiarity was observed in thirty cases. The power of the impulse seemed to be less than the apparent muscular strength of the heart; and the first sound lacked a proper amount of booming quality. This character is more readily appreciated than explained. I have noticed this peculiarity in other tobacco-users than those whose examinations are tabulated. This alteration was also noticeable in the cases of hypertrophy; that is, the impulse was less strong and booming than would naturally be anticipated from the amount of enlargement. It is not simply the lessened strength due to increased rapidity of action; it is something more than that. The sign appears most explicable by a mechanical illustration: It seems as if a systole capable of exerting a 65-pound force was exercising only 40-pound power, and, associated with this lack of power, even while the heart is acting rapidly, the idea of sluggish movement is conveyed to the ear. The blow of the systole is not well delivered.

Summarizing the apparent effects of tobacco on the heart, we find that the pulse was increased in rapidity (twenty-two cases), rendered irregular (twenty), and occasionally intermittent (seven); that no special symptoms accompanied the cardiac changes; that the normal disparity between the pulse when standing and when sitting seemed to be abnormally increased; that the impulse seemed to be peculiarly diminished in force, and that the first sound appeared to lack sufficient booming quality for the apparent amount of muscle present.

The toxicity of tobacco ascertained, and the power of the plant to produce cardiac derangement reasonably assured, it is next necessary to inquire into the diagnostic data.

The diagnosis of the tobacco-heart is by no means easy. As a rule, an irritable heart is discovered, and the dependency of cardiac signs and symptoms upon the use of tobacco is positively ascertained only by the amelioration following the cessation of the habit. A history of the habit, and of palpitation following speedily upon indulgence, is of signal service. The difficulty in diagnosis arises from the attempt to make out a specific disease entitled to a separate and distinctive place among cardiac maladies. The diagnosis of an irritable heart is, in itself, very easy. All that is needed is rapidity of action, irregularity of rhythm and occasional palpitation. If the tobacco heart, and not an irritable heart from the abuse of tobacco, is to be



diagnosed, I regard as of especial value the peculiarity noted in the impulse and first sound—a peculiarity, by the way, which I had observed in tobacco-users' hearts before I made any attempt at this special study. Until the investigations reported in this paper, I had never looked for nor noted abnormal disparities between the pulse when sitting and when standing. Hence the value of the observation from a diagnostic standpoint remains to be established or disproved by clinical experience. If the examined heart be hypertrophied, and that hypertrophy gives rise to symptoms, insignificant when compared with the amount of enlargement, I believe that the unusual sedation is of value, not in determining that the hypertrophy was caused by tobacco, but that the heart was under the weed's influence.

A few general observations concerning the cases investigated are:

That all those examined began their work in and use of tobacco in adolescence or childhood, a period most likely to develop the ill effects of occupation and of bad habits.

That the chronic toxic effects of tobacco on the heart do not closely resemble the acute effects in animals.

That tobacco increases the action of the heart and diminishes its force, and that the force is diminished proportionately more than the diminution that physiologically follows increased action.

That irregularity of rhythm is nearly as characteristic as rapidity.

That intermittency is only of occasional occurrence.

That palpitation is not nearly so frequently caused by tobacco as is professionally and popularly believed.

That there is no indisputable evidence that tobacco causes organic heart disease *per se*.

That, theoretically, tobacco cannot cause hypertrophy, because, while increasing the rapidity, the muscular power of the heart is diminished.

That, practically, the existence of the traditional tobacco hypertrophy is not proven, all other causative factors not having been excluded.

That there is strong presumptive evidence that tobacco can cause functional disorder of the heart.

That tobacco is one causative factor in irritable heart.

That the tobacco heart is an irritable heart, *plus* probably a peculiar alteration in the impulse and first sound, a disproportionate disparity between the pulse when sitting and standing, a history of the habit, and *minus* other causative factors.

That it is questionable, in the present state of our knowledge, whether it would not be a needless refinement to consider the so-called tobacco-heart as entitled to a distinct classification.

That the cardiac disturbances caused by tobacco can exist without symptoms; and that, therefore, it is not fair to assume that because no symptoms exist, no disorder is present.

That the absence of subjective circulatory symptoms is not characteristic alone of the influence of tobacco on the heart.

That the exaggeration of the normal disparity of the pulse when standing and when sitting, is worthy of further investigation.

That the peculiarity in the impulse and first sound promises well in a diagnostic point of view.

That conclusions drawn from the investigation of thirty-one cases are simply suggestions of possibilities.

That thirty-one sedentary subjects, not working in tobacco, and not users of the weed, should be examined and the result tabulated in parallel columns with those already investigated, before conclusions should be assumed to possess positive value.

Concerning the therapeutics of the irritable heart, we shall have nothing to say at present.

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#### HEPATIC PAIN REFLEX FROM UTERINE DISORDER.

BY HORACE B. WARE, M.D., SCRANTON, PA.

A SHORT time ago an interesting case came under my observation. A young woman had been treated for some time for what was supposed to be some hepatic trouble. Her principal symptom, when she presented herself to me, was an intense pain over the hepatic region; this pain was much aggravated by moving. Slight pressure on the part apparently affected caused her to cry out. Other than this she was in perfect health. I treated her with the usual remedies for about a month without any apparent alleviation of the pain. I then made a vaginal examination, and found an anteflexed uterus, the os of which was very sensitive. I sprayed the os with a 4 per cent. solution of cocaine, and inserted a tampon medicated with boro-glyceride. The same day all pain left, and has not returned, although a period of four months has since elapsed.



## PROCEEDINGS OF SOCIETIES.

## THIRTY-FOURTH ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

THE thirty-fourth annual meeting of the Homœopathic Medical Society of the State of New Jersey, was held in the Homœopathic Hospital at Camden, on October 3d, 1888. The morning session was opened with prayer by the Rev. J. R. Westwood. An address of welcome was delivered by Dr. M. F. Middleton on behalf of the West Jersey Society and the Ladies' Auxiliary Board of the Hospital. This was responded to by the President, Dr. J. G. Streets, of Bridgeton, who congratulated both of the associations represented by Dr. Middleton, upon the acquisition of a hospital so fully equipped. He further thanked them on behalf of the State Society for their generous hospitality in providing for their entertainment. Reports of delegates from various societies were received, and articles of incorporation were ordered issued to the Trenton Society of Homœopathic Physicians, as a corresponding body. The deaths of Drs. Jos. Moore, of Bridgeton, and Isaac Ward, of Mt. Holly, were suitably commented upon, and referred to the Necrologist, Dr. S. W. Clarke, of Jersey City. After the transaction of other routine business, the Society adjourned to dinner provided by the Ladies' Auxiliary Board of the Hospital.

On reassembling in the afternoon, reports of bureaus were received. The Trenton Club of Homœopathic Physicians presented two papers on "Disease of the Urinary Passages." The first of these dealt with the pathology and mechanical treatment of these diseases, and was prepared by Dr. E. B. Witte, who, after describing the most important of these diseases *seriatim*, emphasized the importance of carefully washing out the bladder with suitable solutions during the course of cystitis, and of determining the existence of gonorrhœa by examination of the vulvo-vaginal glands.

The second paper was by Dr. Isaac Cooper and treated of the therapeutics of diseases of the urinary organs. Aloes, apis, cantharis, berberis, causticum, chimaphila, cina, dulcamara, crota-lus, hyoseyamus, lachesis, and natrum mur. were among the remedies whose indications were carefully specified, and which had proven curative, with or without local treatment.

In the discussion that followed, Dr. A. W. Baily described a case

characterized by grayish-white crystalline sandy urinary deposit, profuse in quantity and whose origin could not be ascertained.

DR. MCGEORGE said that sandy urinary deposits occurring during the course of acute affections of the heart usually heralded a return to health. The discussion was continued by Drs. Quint, Phillips, and Middleton.

DR. S. LONG, of New Brunswick, read a paper on "Furunculosis and Kindred affections." He recommended that these affections should be treated entirely by remedies, and that poultices and all external applications should be withheld. He considered incisions unnecessary; they moreover obliterated objective symptoms. This treatment he had pursued in his own case before recommending it to his patients, and all his results had been happy ones, pain being reduced to the minimum, speedy discharge and no deformities resulting.

DR. H. B. HALL thought early incisions necessary for the prevention of deformity following abscess of the hands, etc., and of fistulæ about the anus.

DR. C. G. ABBOTT spoke to the same purpose, citing cases.

DR. MIDDLETON coincided with the essayist, as in the main did the majority of physicians present.

DR. E. H. PHILLIPS, however, highly commended the use, after suppuration had begun, of a poultice made of agrimony, and cited cases of undoubted cure by its use.

DR. E. M. HOWARD commended a middle course; poultices being used after suppuration had well begun or was unavoidable, and incision when pus had collected.

DR. J. G. STREETS described a caustic paste made by adding just enough water to caustic potash to liquefy it and to this enough flour to make a paste; this applied to a forming abscess destroys tissues and assists escape of pus.

DR. ABBOTT read a paper on the treatment of "Phthisis by Fluoric acid." The crude drug had been used by inhalation in the case he cited. His attention had been called to the use of the drug by observing its good effects on those consumptives who used the drug in their business. He urged its further exhibition by the members of the society.

In reply to a question by Dr. S. Long, he said the inhalations were taken for periods of four or five minutes, four to six times a day. The case is still under observation, but the progress had been remarkable.



An amendment to the by-laws providing for a movable annual meeting now came up for discussion and was unanimously adopted.

On motion of Dr. E. M. Howard it was decided to hold the next annual meeting at Trenton, May 2d, 1889.

The Bureau of Pharmacology and Collateral Sciences next reported. Dr. J. N. Lowe read his paper entitled *Natural Pharmacology*, in which he discussed the subject in its metaphysical aspects, and dwelt on the relations between the science of medicine and pharmacology. He asserted the sun to be the great centre of vital-dynamical activity, and enlarged upon this idea.

For the Bureau of Gynæcology, Dr. C. F. Adams' paper, "The Perinæum, its Anatomy, Preservation and Repair" was read, in his absence, by Dr. E. M. Howard. The author advocated retarding the head when necessary, by placing the index and the middle fingers of the left hand in the rectum and the thumb of the same hand upon the head, thus guiding and controlling its advance. Lateral incisions he thought were preferable to a laceration. He strongly recommended immediate operation in case of laceration, except when this is contra-indicated. The suture-wire should be soldered together when bent through the eye of the needle, and carefully sand-papered until smooth.

A paper entitled "A Mistake in Diagnosis," by E. M. Howard, was next read. Impregnation occurred in January, and, as subsequently ascertained, foetal death took place at third month, though the symptoms were such as to lead to the diagnosis of polypus; expulsion took place a few days before an operation was determined upon. A peculiar jelly-like discharge was present after the fourth month.

In the discussion which followed, several other members confessed to having made similar mistakes, Dr. Quint detailing a case of impregnation which was unsuspected largely because of the patient's youth and unruptured hymen. Several papers were crowded out for lack of time.

Adjournment was then made to the tea prepared by the ladies, to whom Dr. M. F. Middleton tendered the vote of thanks unanimously rendered by the Society for their hospitable efforts.

The following physicians were elected to membership: S. Bryan Smith and E. R. Tullis, of Camden; C. H. Hubbard, of Millville; E. B. Witte, of Trenton; J. M. Hinson, of Merchantville; H. B. Hall, of Riverton; C. G. Abbott, of Woodbury, and F. E. Williams, of Haddonfield.

B. H. B. SLEIGHT, M.D., Rec. Sec.

## CORRESPONDENCE.

AIKEN, S. C.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY :

As the season of the year draws nigh when the question,—Where to send persons suffering from asthenia, whether dependent upon pulmonary trouble or not,—will come to some of your readers, I desire to call their attention to Aiken, S. C. I came here, as is known to most of the readers of your valuable Journal, last October.

I speak therefore from personal experience, from observation, and the testimony of numbers who have been here year after year for successive seasons. I do not propose to discuss the question of climate as a therapeutic agent. That has been done so often, and by so many, without reaching any very satisfactory conclusion, that I leave it where it is.

There is, however, a deep-seated and widespread conviction that a change of residence is needful for many individuals in hopes of arresting retrograde changes in health. Experience abundantly proves the beneficent effect of such change. When the weather is so cold as to compel a delicate individual to remain indoors for days and weeks together, such a person is in great peril from the artificially heated air of the house on one hand and from the absence of sunlight, fresh air and exercise on the other; to these add the depressing influence of such environments and we can scarcely imagine an aggregation more unfavorable. What will the wise and judicious physician do in such a case, what can he do, but advise a change? Change to a climate where indoors imprisonment will be unknown—where sunshine is the rule, making outdoor life possible and agreeable; and if possible where all the accessories will make life agreeable and happy.

Owing, most likely, to the fact that there never has been a resident homœopathic physician in Aiken, our branch of the profession is less familiar with this place than with some other southern resorts—hence the many letters I am receiving asking for information. It is to supply this information that I am prompted to send you this communication.

I transcribe the following extracts from Wood's Reference Handbook of the Medical Sciences.



"The village of Aiken lies not far from the western border of the State of South Carolina, between the Savannah and Edisto Rivers, but at a considerable distance from either, and stands upon the elevated table-land or plateau forming the common water-shed of both."

"From the Atlantic Ocean, Aiken is distant a little more than 100 miles in a bee-line. The elevation of the town above sea-level is 565 feet," and 400 feet above the city of Augusta, Ga., 17 miles distant.

"The soil is very sandy, consisting indeed of very little else than such absolutely pure and unmixed sand as is usually to be found only upon the very borders of the sea. Grass grows but scantily, and the vegetation of the surrounding country is that characterizing a region possessing a dry, porous soil and in consequence, a dry atmosphere."

"The yellow pine of the South finds here its congenial habitat, and in every direction the country about Aiken is covered with a dense forest growth of these lofty evergreen trees shading the ground from the rays of the sun, and filling the atmosphere with the delicious balsamic odor exhaled from their leaves and trunks. Several varieties of oak are also to be found in the woods about Aiken, and not a few flowering vines and shrubs; but the pine is the characteristic growth, and it is to the soothing and purifying effect exerted upon the mucous membrane of the respiratory passages by the exhalations from these trees that the climate of Aiken owes much of its well-deserved reputation as a health resort, for persons suffering from all forms of disease affecting the respiratory tract." The other chief factors in producing the healthfulness of this now celebrated resort are, the mildness and general equability of its winter climate, the preponderance of bright sunny days, which enable the invalid to pass much of his time in the open air, the protection against the wind afforded by the dense growth of forest trees, and last, but by no means least, the remarkable dryness of the air already alluded to and depending upon the peculiar character of the soil and the distance from any large body of water.

"With the exception of certain stations lying in close proximity to, or west of the Rocky Mountains, no dryer air is to be found in the whole United States; and, so far as present observations extend, none so dry as that which exists at Aiken."

From a carefully tabulated statement extending over eleven years the mean temperature of Aiken for November, December and January,

in winter, I find as follows: November  $60.87^{\circ}$ , December  $54.25^{\circ}$ , January  $54.35^{\circ}$  at 2 P.M.

For February  $56.99^{\circ}$ , March  $63.82^{\circ}$ , April  $70.80^{\circ}$ . These are our spring months. This gives us a mean temperature for winter  $49.77^{\circ}$ , for spring  $56.55^{\circ}$ .

The mean relative humidity is 58 per cent., and the average velocity of the wind per hour for winter, in miles, is 3.09, and for spring 3.49. I leave the intelligent reader to form his own conclusion as to the climate of Aiken after weighing the foregoing statement of facts.

One thing is irresistible, to wit: There is absolutely no possibility for the generation of malaria here. A resident physician here for nearly twenty years, says he has never seen a case that originated here. We have therefore no fear of yellow fever. I desire to call the attention of the reader to some accessories to the climate, that help to make Aiken a desirable health resort.

To relieve the doleful and depressing monotony of invalidism, is at once difficult and desirable. The village is laid out with broad avenues upon which are many fine dwellings abundantly supplied with evergreens, roses and tropical trees and shrubs that cannot fail to attract and charm the stranger, but the especial attraction is found in the drives about the suburbs. There are an endless variety of drives through the pines, into wooded dells and over miniature mountains, where there are sights, sounds and odors that tend to draw one's thoughts away from bodily ills; giving rest to the weary mind, vigor to the enfeebled body and hope to the fainting spirits. Two hours spent in a carriage or on a saddle roaming through these sequestered by-ways, breathing the pure air laden with balsamic fragrance, renews the spent vitality, restores the appetite and ensures refreshing sleep.

The social life of Aiken visitors is at once desirable, enjoyable and healthful. The ladies adhere sufficiently to the customs of the "beau monde" to escape the familiarity and prurient curiosity of village life on the one hand, and the cold unreality of fashionable life on the other. There is a glad and lively interest in the welfare of each that tends to encourage and cheer. I have noticed the prevalence, north, of an idea that these southern resorts are notably places permeated by doleful and disheartening sights, sounds and influences.

There is to be found here a rivalry of good-fellowship that is absolutely hygienic in its influence upon the lives of all.



Another healthful feature is the large proportion of visitors who do not belong to the army of invalids. These are the devisors of amusements for the public, so to speak. Tennis, croquet, polo, visits to cotton gins, notable springs, etc., amusements without any element of dissipation and therefore admirable adjuvants in the treatment of every form of chronic ailment.

One other question frequently asked is in regard to boarding-houses. Besides the three hotels, the chief of which is the Highland Park, there are a large number of first-class boarding-houses. There are also furnished cottages to be had by the month, where families can establish themselves with all home comforts. Good board can be had from twenty-five dollars a month upward, according to accommodations.

My conviction is, that the average invalid desiring to escape the rigors of a northern winter, cannot find a place better calculated to meet all his needs than Aiken.

To obtain the very best results, I suggest to the readers of the *Journal* that they send their patients early.

During October and November the natural charms are the most effulgent and entrancing of the year. Invalids should not delay till driven from home by wintry blasts. Neither should they leave here as soon as the first indications of summer dawn upon us. At least two of my patients who left here about the middle of April were seriously injured by the change of climate. They had neither of them been confined to the house continuously for a week during their stay here. Both of them were confined for weeks after they reached home.

I cannot close this brief communication without paying a deserved tribute to the citizens of Aiken.

Personally and for my family I feel under a debt of gratitude for unsolicited but highly appreciated kindnesses in our hours of trial and bereavement. It is a characteristic of this warm-hearted people to receive strangers as though they were friends beloved.

I ought also to state the fact that the religious privileges of Aiken are abundant.

There is a Protestant Episcopal, a Presbyterian, a Baptist, a Methodist and a Catholic Church, besides four churches of the colored people where visitors frequently attend.

Very truly yours,

O. B. GAUSE, M.D.

## ORIFICIAL SURGERY.

## TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY:

I have been requested by your Chicago correspondent to give an epitome of "Orificial Surgery," and its application. Although the subject is too extensive to epitomize satisfactorily, I will do the best I can at it, referring those who would like to read more on the subject to the brief presentation of it in the proceedings of the American Institute of Homœopathy for 1886, to the small work called "Pratt's Orificial Surgery," published by W. T. Keener & Co., No. 96 Washington Street, Chicago, Ill., and to the current homœopathic journals—more particularly "The Medical Era," by Charles Gatchell, M.D., Chicago, Ill. A more extensive text-book is in course of preparation, but it will still be some time before it is ready for press. A copy of the lectures and clinics given to the last class in Orificial Surgery, recently held at the Chicago Homœopathic Medical College, at which about seventy-five eminent gentlemen were present, can also be had on application and price.

The work seems to be more or less called for in the whole list of so-called chronic diseases, and for this reason: when the incidents and accidents of time derange a human organism, if its reactive power is good, the trouble is soon righted, either spontaneously or with remedial assistance. The mere fact of the long continuance of a disorder, whatever it be, the failure of the system, or part of the system, to rebound spontaneously, or to respond properly, to well-prescribed remedial measures, is sufficient evidence of a predisposing nerve waste. In all such cases, where time and other measures have failed to restore lost health, by a careful examination made by one who is a competent judge, there can invariably be found some form of irritation at some one or all of the orifices of the body, usually the lower ones for obvious reasons.

I cannot well improve on the language of the closing sentence of the first lecture ever given upon this subject, and I will ask you to insert it here. It is language which, I believe, will be historical in medicine:

In conclusion, let me sum up the entire subject in a single sentence. Bring me an individual with clean lips and nostrils; a palate of proper length and unobtruding tonsils; a rectum that presents neither piles, prolapsus, fissure, ulcer, pockets nor papillæ—an individual whose sexual orifices are smooth and free from all irritation; if it be a man, his foreskin shall be free, the frenum of sufficient length, the urethral passage smooth



and normal in size, especially in its prostatic portion; if a woman, her hymen must be pale and atrophied, her urethra devoid of caruncles and ulcerations, her internal and external oses uteri reasonably patulous, and without undue sensitiveness; bring such an individual, and I will point to the same person and show you a human being whose digestion is good, whose sleep is sweet and restful, whose capillary circulation is superb, whose very existence is a constant source of uninterrupted delights. Such men and women maintain a steady poise of mind and body—they live to the fulness of time, and, unless removed by accident, their dissolution takes place on the principle of the “one-hoss shay”—they settle slowly and peacefully into their last sleep, just because their life’s time-piece has run down.

On the other hand, introduce to me a mortal suffering with passive congestion in various parts, whose blood finds its lazy way back to the heart by slow stages because the peristaltic action of the arteries is tired out—a person whose vitality is low, and whose poor, enfeebled body begins to be the prey of inherited or acquired tendencies—consumption, scrofula, syphilis, organic derangements, of whatever form they may take—show me such an individual, and they are as numerous as withered leaves in autumn, and I will stake the reputation of this idea that I shall be able, without straining a point, to find legitimate fault with the condition of some one or more of the various orifices of the body.

The work of orificial surgery involves the removal of all sources of irritation and the securing of normal tension for all sphincters. It will take a volume to properly describe this work in detail and do the subject proper justice. The work can have no rival, as it is only recommended for cases in which other measures have failed, and, instead of being frowned down without proper investigation, deserves at least a fair trial. It discloses many things which before were not understood or at least appreciated. For instance:

1st. The irritation of an organ starts at its mouth. Enlarge the proposition and you have the thought that bodily nerve waste in general begins at the openings of the body.

2d. The smoothing of rough orifices and the securing of proper dilatation of the sphincters guarding them, immediately and permanently (so far as material things can be made permanent) improves capillary circulation in general, and hence in particular.

3d. That in consequence of the increased capillary activity the nutrition of the body in whole and in part is immediately improved and its reactive powers increased.

4th. In consequence of the increased reactive powers—in cases where the work unaided is insufficient to restore perfect health, the properly prescribed remedial measures that before were ineffective will now produce their hoped-for results and recovery will be possible.

5th. That reaction from orificial work is usually immediate, but may be delayed in certain conditions for several weeks.

6th. That the patient's sensations are not a safe guide to the existence of these irritations.

7th. That work on the sexual system is ineffectual and oftentimes harmful if rectal irritation be not first corrected.

8th. That complete orificial work is essential to success, *i.e.*, it must include all the orifices and be prosecuted at intervals until each and all of them are in a normal condition.

9th. That by this work as a basis, fully four-fifths of the cases that are now abandoned as incurable are found to be easily and surely and permanently relieved.

10th. That the condition of the sympathetic nerve-power has more to do with the health and happiness of the human body than is usually supposed.

11th. That the amount of local trouble present furnishes no index to the nerve-waste involved, or to the necessity for the work, or to the beneficial effects to be expected from it.

12th. That the central principle—of orificial irritation as a predisposing factor in chronic diseases generally—has stood well a continuous and active test, both public and private, in hundreds of cases and by hundreds of doctors, for the last three years, and that, so far as I am aware, no protest has been entered against it, and that the improvement, as experience multiplied, has been confined simply to methods of carrying it out and not to any change in the principle itself.

Such, in brief, is a condensed presentation of this vast subject of the Orificial Philosophy, and its scope. Its successes are marvelously brilliant and numerous; its failures are many times due to incomplete and incompetent work, and its unfortunate use in cases too desperate to be saved by anything short of a resurrection day. It is not a foe to any other measure of healing, but is a help to all of them. As is usual in all human endeavors, those who have opposed its investigation most violently are those who knew the least about it, and were least fitted to speak on the subject. Generally, however, the profession have been kind, and generous, and patient, and I heartily thank them for their fairness and indulgence.

Fraternally,

E. H. PRATT, A.M., M.D., LL.D.,  
Prof. Surgery to Chicago Homœopathic College,  
and Consulting Surgeon to Cook County Hospital.



## THE SOURCES OF BELLADONNA SYMPTOMATOLOGY.

## EDITORS OF THE HAHNEMANNIAN MONTHLY:

In your very kind report of the Bureau of Materia Medica, at the Syracuse meeting of the New York State Society in the October number, your correspondent left out one very important source mentioned, and one that was especially emphasized, the *Cyclopædia of Drug Pathogenesis*. I have come to consider it second to no other source. It is the only one where the student may learn the four greatest points necessary to the clear comprehension of drug pathogenesis: First, time of appearance; second, concomitance; third, sequence; fourth, the relation of symptoms to dose.

A comparison of the different provers (upwards of thirty in all) also shows the value of personal idiosyncrasy, in which no drug has a greater variation than belladonna.

This is the only work at present accessible to every one that shows clearly the physiological action of the drug. It is impossible to construct a *physiological drug pathogenesis* that shall correspond to actual facts and demonstrable proofs from any other work. All the four points mentioned are as inextricably mixed in other sources, as peas, corn, beans and wheat poured together through a winnowing mill.

M. W. VANDENBURG, M.D.

## PYÆMIA AS A DIRECT SEQUEL OF GONORRHŒA.

In a paper read before the American Association of Genito-Urinary Surgeons, Dr. Roswell Park, of Buffalo, gave the history of a case of gonorrhœa occurring in a man contracted a month prior to his entrance into the hospital. The urethral discharge had ceased after two weeks, and swelling of one knee had developed, which his physician had attributed to gonorrheal rheumatism. When he entered the hospital the left knee was much swollen and fluctuating, the right in a less degree; the patient's general condition was typhoidal. The typhoidal symptoms increased in severity; it became necessary to tap one knee because of extreme distension; cloudy serum was withdrawn. Sordes developed on the tongue, the patient became delirious, septic symptoms increased and ended fatally. At the autopsy there was found erosion, and a collection of pus at the sterno-clavicular articulation, pus in other joints, enlarged mesenteric glands, etc. The case had occurred some years ago, and the author could not undertake to say whether it had been in the first place one of specific urethritis caused by the gonococcus of Neisser. Pyæmia as a direct sequel of gonorrhœa was extremely rare. The speaker had frequently found in what were commonly regarded as normal urethræ, bacteria present in surgical cases, and to these he thought it probable the pyæmia in the case referred to was due. Why they did not frequently cause pyæmia in gonorrheal inflammations he was unable to say. —*N. Y. Medical Journal*, Sept. 29, 1888.

## EDITORIAL DEPARTMENT.

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### LEAD AS A DISEASE-PRODUCING FACTOR.

OF late years numerous so-called epidemics of disease, strange in character, have been reported, in which the most elaborate investigations pursued over an extended period of time, have been required to fathom their ultimate causes. Notable instances of these are to be found in the epidemics of lead-poisoning, the discovery of which so often startles the community. It is commonly held by the laity and the profession as well, that there exists but little necessity for the search after symptoms of saturnine intoxication in persons not actually engaged in the manufacture of articles in which lead is used. The only notable exception to this latter statement is the recognition of the fact that the water-supply of a community may become impregnated with some of the soluble salts of that metal. Lead poisoning being suspected, and the patient not a worker in lead, the physician at once looks to the water supply as the origin of the trouble. Failing to confirm his suspicions by his investigations in this direction, the evidence of lead-poisoning must be strong indeed to lead him to push his inquiries further.

Within the past year or so, we have had ample evidence showing that the food offers a ready medium for the introduction of lead into the system. In the *Medical Register* for October 13, 1888, we find a report of one of these. In this instance not only were the people themselves the victims, but the domestic animals were likewise affected. The circumstances of this epidemic were about as follows: "A defective mill-stone was plugged with white lead, and the villagers who had their corn ground at the mill, received from time to time a portion of the lead along with their daily bread. The chickens were fed upon the same diet, and the result was in short, that the hens ceased to lay, and the women and young girls suffered from



menstrual derangements." A large number of the people died before the cause was discovered and the evil corrected, although the fact that the symptoms were due to lead-poisoning was early recognized.

Another remarkable epidemic of lead-poisoning occurred in France (*British Medical Journal*, December 3d, 1887). Like the preceding case the flour supply was at the root of the evil. "Upwards of 100 persons were suddenly attacked with violent symptoms, among which severe colic predominated." "It was ascertained on inquiry that the affected persons had all obtained their flour from the same mill, but those who had partaken of rye-bread were the most severely attacked. The mill was gone over, and after a very long and painstaking examination, attention was directed to the tin buckets of the elevator which served to transport the rye flour from the grind-stones. Several of these buckets had been 'tinned' with lead. As doubts were entertained whether the quantity of lead from this source was sufficient to give rise to such severe symptoms, the buckets were carefully weighed, and were found to have lost upwards of 150 grammes of their weight."

About one year ago, the city of Philadelphia was startled by the discovery of extensive adulterations of cakes with the chromate of lead, which had been used to give them a yellow color. Much sickness and many deaths were traced to this cause; and there probably remained much more that was undiscoverable. Dr. David D. Stewart, to whom the credit of the discovery of adulteration is due, himself reported 64 cases of poisoning from this cause (*Medical News*, December 31, 1887). It is needless to describe at this time the character of the symptoms in these cases; let it merely suffice for us to say, that eclampsia, saturnine cachexia, neurasthenia, arthralgia, pruritus, colic, constipation, and nausea were all noted.

The *Medical Record* (October 13, 1888) records another epidemic which like the one last mentioned occurred very near home. This one was observed by Dr. Herold, of Newark, N. J. He met with over 50 cases within six months. It was found that all the cases occurred in those who were great soda-water drinkers, "using that contained in the usual five-cent patent stoppered bottles." An extensive analysis of this form of aerated waters demonstrated "that all these cases of lead-poisoning were due to drinking this acidulated soda-water, for an examination of all samples proved the existence of lead in sufficient quantities to cause the poisoning in question." An examination of the stoppers of these bottles showed that they

were composed of 42.4 per cent. lead, in one instance, and 83.6 per cent. in another.

The cases above enumerated represent only a few of the dangers from lead-poisoning. Many times has poisoning occurred from the salts of this metal, when the quantity introduced into the system was incredibly small. Thus instances have been reported in which poisoning has occurred from sleeping in a newly painted room for a few nights only, and others where trouble followed the practice of biting off thread or cotton, containing lead-compounds, among seamstresses. Even the habitual lighting of a pipe with matches containing lead-chromate has been credited with the ability to produce poisoning symptoms.

One cannot but conclude that lead can become a far-reaching cause of disease; still it is with difficulty that we can accept the conclusions of Dr. J. J. Putnam, of Boston, that out of 70 cases, lead may be found in the urine in 32, which he thinks represents about the ordinary exposure of the community. In a paper read before the Association of American Physicians (*Medical News*, July 2d, 1888), this author reported 86 cases in which he had examined the urine for lead, although no unequivocal symptoms of lead-poisoning were present. Of these cases lead was found in the urine of 48. The author significantly adds that "the number of cases in which it was found in the urine does not fully represent the whole number in which it was present in the body." The patients examined were cases of neurasthenia, tremor, neuritis, ataxia, progressive muscular atrophy, sciatica (in the latter three of which no lead was found in any case), cerebral and cerebro-spinal disturbance, epilepsy, neuralgia, anæmia, and certain unclassified cases. Dr. Putnam draws the following conclusions:

1. It is probable that lead may cause neurasthenic symptoms which may exist for a long time without other signs of lead-poisoning.

2. The same is true of fine muscular tremor, especially if associated with debility.

3. The most important conclusion is, lead seems to cause a greater or less degree of the symptoms classed as spastic paraplegia, instead of the usual type of paralysis with atrophy and loss of the deep reflexes.

4. Additional evidence is furnished of the importance of suspecting lead as a cause of vague cerebral symptoms, such as are often due to syphilis.

5. In one case of epilepsy, in a person not predisposed, and where the probable first attack occurred at the age of twenty-five, besides the discovery of lead in the urine, there was a slight weakness and impairment of electrical reaction of the long extensors of the fingers.

One cannot but be surprised that Putnam's examinations so frequently revealed the presence of lead in the urine. Still the test



used by him, that of Prof. Wood, of Harvard University, is extremely delicate. Even the urine cannot be regarded as a reliable guide in these cases, for it has been proven that lead existing in drinking water in the quantity of one-quarter of a grain to the gallon or in the proportion of one part to nearly 250,000, is sufficient to make that water dangerous for habitual use. Certainly this shows lead to be a poison far more subtle in nature than is ordinarily supposed. Can we well afford to overlook the possibility of poisoning with it in our obscure cases?

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#### ERRATA.

On page 643 of our October issue Dr. O'Connor is reported as having said that the "eyeballs were protuberant." This is a mistake, as there was no exophthalmos present in the case.

In his discussion of Dr. Martin's paper (p. 659), Dr. Mohr understood Dr. Martin to report the temperature of his case to be much higher than 99.5°; hence his remarks.

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#### REVIEWS.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS. By James B. Bell, M.D. Third edition. Philadelphia: F. E. Boericke. 1888.

Already two large editions of this most useful work have been exhausted, and this, the third, has been looked for with eager anticipation by many practitioners of our school. This volume, though more pretentious in form, has not been greatly enlarged. In it, however, as in its predecessors, we find abundant evidence of the careful, painstaking labor of a true disciple of Hahnemann. In the preface to the first edition, we are told that the doctor prepared it for his "own use as a labor-saver;" he also expresses himself as "happy to believe that it would be of like use to others." To all of which we breathe a joyful Amen! for such a help it has truly been.

In the preface to this edition, the doctor tells us that "four remedies of little importance have been omitted, viz., cactus, euphorb., opuntia, and castoreum, and five of much value have been added, viz., acetic acid, cro-talus, angustura, carbolic acid, and valeriana."

We regret that the doctor was led to omit any of the remedies given in the second edition, for even though of infrequent use they nevertheless, in their places, are indispensable. The cactus has proved curative, according to trustworthy observers, in morning diarrhœa preceded by great pain, in patients suffering from heart disease; also in frequent, scanty stools, resembling dirty water, and in some low forms of fever.

The castoreum has proved curative in whitish, watery stools, and in stools containing pus; patient is compelled to sit bent double, feels gagged when lying down, pinching colic and painful rumbling before stool, burning at anus before and after stool. These certainly are symptoms worthy of

admission; we therefore hope to see them reinstated in the next edition. We miss the *emothera biennis*, which has proved invaluable in our hands in cases of watery diarrhœa, stools usually yellowish, evacuations without effort but accompanied by *great nervous exhaustion*. These symptoms were first observed by Dr. Dudley and have since been fully corroborated.

The addition of five other remedies we hail with delight, as our list of remedies can never be too large so long as each "in point of matter" presents "the character of real truth."

A critical review of the work shows the hand of improvement throughout—a new symptom added, a new modality noticed, another concomitant given, frequently greet the eye, all of which is as it should be.

To say that the work is published by F. E. Boericke, is sufficient guarantee as to both press-work and paper.

The profession is to be congratulated upon the opportunity thus offered of securing what really is that which it professes to be, *i.e.*, a real labor-saving book of reference.

We need such books more and more, as our *materia medica* grows more voluminous, and this one may serve as a type after which the others may be modeled.

**TUMORS OF THE BREAST AND THEIR TREATMENT AND CURE BY MEDICINE.** By J. Compton Burnett, M.D. Published by J. Epps & Co. London. 1888.

In this little work Dr. Burnett makes good the title of his book. The real point in his cases is the persistent uses of medicines, "pegging away," as he calls it; claiming all tumors are growths of perverted vitality, which are cured only by bringing back the vitality to its normal condition; this takes a long time except in recent cases of traumatic origin. He seems to have been extremely fortunate in having patients whose confidence and patience were great enough to persevere for three to five years before perfectly cured. The book is a timely one in these days of heroic and sometimes hasty surgery. It would have been better had the doctor omitted the harsh names he applies to those who use the knife. "Honey will catch more flies than vinegar."

**THERAPEUTICS: ITS PRINCIPLES AND PRACTICE.** By H. C. Wood, M.D., LL.D., Professor of *Materia Medica* and Therapeutics, and Clinical Professor of Diseases of the Nervous System, in the University of Pennsylvania. Philadelphia: J. B. Lippincott Company. 1888.

This well-known book, as its title-page further sets forth, is "a work on medical agencies, drugs and poisons, with especial reference to the relations between physiology and clinical medicine. That the seventh edition is so soon issued after the sixth, scarcely three years having elapsed, is an evidence of popularity and usefulness, and that the progress of therapeutics has been rapid. Dr. Wood has realized the value of remedial measures other than the administration of drugs, and in this enlarged edition we find massage, metallo-therapy, diet especially as applied to the treatment of constitutional states), and other means of cure duly set forth. The classification of the drugs has been thoroughly re-arranged, being more simple and natural. All the new drugs such as hydrastin, strophanthus, sparteine, adonidine, iodol, ichthyol, paraldehyde, kawa, papain, antifebrine, salol, kairin, saccharin, etc., etc., have been added to the drugs of former editions. Condensation has been aimed at also, and yet the book consists of nearly two hundred more pages.

Dr. Wood has attempted to point out what is essential to know of the physiological action of drugs, but in this he has been far from successful. He still adheres too closely to experiments on lower animals, and ignores the vast fund of useful knowledge as to drug effects found in the *materia medica* of the school of Hahnemann, and indeed, it appears to us that he



studiously avoids incorporating in the present volume, drugs closely identified with homœopathy, and yet frequently used by allopathists ; for instance, there is no mention of *pulsatilla*, nor of *staphisagria* nor of *hepar*, etc. *Glonoinum* is introduced, but under nitroglycerin, no credit being given to Hering, who introduced the drug into medical practice forty years ago.

As a work containing a concise and lucid statement of the effects of drugs in health, on different animals, and their application on man in disease on antipathic or allopathic principles, it is to be commended.

A copious and useful general and clinical index is added ; the printing has been well done, and the binding is substantial, as a whole reflecting great credit on the publishers.

**PRACTICAL ELECTRO-THERAPEUTICS.** By W. F. Hutchinson, M.D.  
Philadelphia : Records, McMullin & Co., Limited. 1888.

After carefully perusing this little book, we are reminded of the story told us in our school-boy days, of the engineer, who, though able to run his engine, was utterly ignorant of the nature of the power he was employing. We feel that the method pursued by the author is calculated to give his reader a knowledge of electro-therapeutics, but without instructing him in the fundamental principles of the art. While one after reading Dr. Hutchinson's book is prepared to treat the ordinary run of cases by electricity, he does so after the manner of the empiricist without the knowledge of any principle to guide him.

Though we make the above criticism of the work before us, we must confess ourselves pleased with it, for we find outlined on its pages the course of practice pursued by an electrician of known ability. Our regret is that the author has not given us, in his pleasant style, a short résumé of the fundamental principles of electro-therapeutics, without a knowledge of which, one cannot expect to become a successful electro-therapeutist, any more than one can be a skilful navigator without a knowledge of the compass, or an accurate prescriber without having first mastered the *materia medica*.

**A MANUAL OF GENERAL PATHOLOGY.** Designed as an Introduction to the Practice of Medicine. By Joseph Frank Payne, M.D., F.R.C.P.  
Philadelphia : Lea Brothers & Co. 1888.

This work, in its general elegant get-up, reminds one of the popular "Green's Pathology," so well known to every student. Like this work, it has the disadvantage of mixing more or less general pathology and morbid anatomy. This, while desirable to impress the general process on the mind by specific examples, requires a boiling down of material extensive enough to fill a book several times the size of this one. It would seem preferable to require the student to possess himself of two distinct small works on these subjects, or one large one including the whole field. However, most of the topics treated having at one time or another formed part of the author's course of lectures, these examples must of necessity creep in. While following, of necessity, the division and sequence of subjects used by most writers, the author divides his work, after the introduction, into two parts, *i.e.*, the Processes of Disease and the Causes of Disease, concluding with an Appendix on the methods of examining bacteria.

Part I. describes the Abnormalities of Circulation, Inflammation and Fevers ; Arrest, Impairment, and Perversions of Nutrition ; Overgrowth, and the New Formations, including the Infective Granulation Tumors ; and lastly, the Variations in the Blood itself.

In Part II., under Causes of Diseases, he treats of injuries and poisons, the latter including the animal poisons, the ferments, septic and specific poisons, and finally, the animal and vegetable parasites.

The work contains one hundred and fifty-three illustrations, and a colored frontispiece.

## GLEANINGS.

### The Treatment of Abortion and Premature Birth.

Winckel (*Münchener Med. Wochenschrift*, July 10, 1888) concludes that in the greater number of cases of abortion and premature birth the removal of the ovum is best accomplished by nature. Fever, profuse hæmorrhage, and suppuration are the best indications for prompt removal of the ovum. The best method of removal is by the hand, expression and enucleation of the ovum after the uterus has been thoroughly disinfected by boric acid or creoline.

The curette should only be used when small portions of the membrane remain adherent and cannot be removed by hand. Retained decidua does not require the use of the curette. When suppuration occurs after the removal of the greater part of the ovum, the remaining fragments are most safely removed by repeated antiseptic intra-uterine irrigations.—*American Journal of the Medical Sciences*, October, 1888.

### Abortive Treatment of Whooping-cough.

Mohn, of Christiania, reports that whooping-cough may be aborted by disinfection of the room with burning sulphur. The patient is moved out, bathed and dressed in fresh clothes, and the room and all its contents, clothes of patient, etc., fumigated by sulphur for the space of six hours. After proper ventilation, the patient is moved back, and lo! the whooping-cough is cured in an altogether miraculous fashion.—*American Journal of the Medical Sciences*, October, 1888.

### Cardiac Dyspnœa.

Fraenkel (*Berliner Klin. Wochenschr.*, 1888, 289, 315), in an address on this subject, says that dyspnœa appears in very different forms in the different heart diseases, depending on the nature of the affection. It is sometimes premonitory, but is then slight and only occasional; and disregarding this, we may distinguish two forms of severe dyspnœa—the continual and the asthmatic. The first is especially well seen in stenosis of the mitral valve. This lesion is the least apt to attain complete compensation, and even when this occurs it is by hypertrophy of the right ventricle, and necessarily with overfilling of the pulmonary system. The distended pulmonary capillaries project into and narrow the cavity of the alveoli, and this contraction of the alveolar space, together with the slowing of the blood-current, and the lessening of the proportionate surface exposed to oxygenation, produces the dyspnœa. Digitalis in this lesion sometimes acts very badly, since by stimulating the right ventricle and sending more blood to the lungs, it only increases the shortness of breath. Other cardiac affections, also, are accompanied by continual dyspnœa, as, for example, cases of progressive failure of the left ventricle with consequent engorgement of the pulmonary system—as is seen in the last stages of cases of cardiac overstrain, or in heart diseases resulting from psychic depression.

Cardiac asthma, on the other hand, is seen most typically in hypertrophy of the left ventricle, with abnormal resistance in the bloodvessels resulting from arterio-sclerosis. The asthmatic attack comes quite suddenly, and usually at night, waking the patient from sleep, and is generally very severe. The lungs are found full of coarse rales, and respiratory pauses may occur like those of Cheyne-Stokes respiration. The affection often resembles bronchial asthma greatly, but may be distinguished by the high tension of the vessels, the absence of the respiratory dyspnœa, and often by the discovery of a dilated left ventricle, though this is not always easily detected owing to an increase in the volume of the lungs. This enlarge-



ment is due to the fact that through the narrowing of the arteries the blood is driven into the venous system, or, rather, into the lungs and the left auricle. Hence there is a permanent engorgement of the pulmonary circulation, even when there is complete compensation. The sudden temporary insufficiency of the left ventricle, brought about by psychic emotion, increasing catarrh, or some other cause. The heart is already doing its utmost, and this disturbance of the balance produces increased passive congestion and consequent dyspnœa. Autopsies have shown that the heart-muscle is of normal structure, and it would, therefore, seem likely that the failure is due to paralysis of the cardiac nerves or ganglia. Frankel cannot accept the theory of Basch, that cardiac dyspnœa is due to a rigidity of the lungs from their being overfilled with blood; this producing an insufficiency of the respiratory muscles.

Regarding the therapeutics, the author repeats what he has formerly said in praise of morphia and digitalis in combination. The former diminishes the arterial tension, prevents the exhaustion of the respiratory centre by the continued dyspnœa, and cuts short the asthmatic attack, while the latter stimulates the ventricle to greater activity. Calomel may also be employed for its diuretic and purgative action, thus depleting the system; and though somewhat uncertain, it always benefits that patient to whom it has formerly done good. Strophanthus has been of no value in dyspnœa in the author's experience, except in those cases in which it produces free diuresis. As regards uræmic and dyspeptic asthma, the former is simply cardiac, and has nothing directly to do with uræmia. Cases of the latter have been reported by Hensch, and seem to depend on the presence of undigested masses in the stomach; the affection being relieved by vomiting after lasting one or two days.—*American Journal of the Medical Sciences*, October, 1888.

#### Oleum Tanacetii in the Prevention of Hydrophobia.

We read, in the *Journal de Pharmacie*, that Peyraud has succeeded in preventing hydrophobia in rabbits by the hypodermic injection of oleum tanacetii. His method of procedure was to inject for a number of times 0.1 gramme of the drug. One week later he inoculated them with the hydrophobia poison. Only two of the animals were attacked with the disease. In a second experiment, all his rabbits escaped the effects of the poison. It also happened that a single injection into a vein, of two drops of the oil, sufficed to save the animal, though followed immediately by the inoculation of the animal with the hydrophobia virus.\*

S. L.

#### Helleborine as an Anæsthetic.

Drs. Venturi and Gasparini, of Italy, found that after injecting a few drops of a weak solution of helleborine into the conjunctiva of a rabbit, perfect anæsthesia was produced in about a quarter of an hour, at which time the conjunctiva could be punctured or lacerated without giving rise to the least pain. The same experiment was also successfully applied in a dog. This anæsthesia lasted about half an hour; consequently, it is of longer duration than the cocaine anæsthesia. In hypodermic injections, helleborine causes anæsthesia around the point of puncture; but as the drug exerts a decided toxic influence upon the heart, it ought not to be injected in the præcordial region. Strophanthus, neutralized and freed from alcohol, also causes, in very minute quantity, complete anæsthesia of the cornea, which, like that produced by helleborine, is of longer duration than the anæsthesia of cocaine.—*Bulletin Médical*.

S. L.

\* We have wondered whether Peyraud has not read Jousset's article in "*L'Art Médical*" on the same subject. Such methods of pilfering from homœopathic works, without acknowledging the source from which the knowledge was obtained, are only too common.

#### Peptonuria in Progressive General Paralysis.

Marro has examined the urine of twenty-one patients suffering from general paralysis. He found that though the quantity of peptone may be small the urine still showed the characteristic reaction of that substance. In doubtful cases the absence of peptonuria may be considered somewhat of a sign against the existence of progressive general paralysis.—*Arch. de Psychol.* S. L.

#### Radical Cure of Cancer of the Mammæ.

Professor Trelat emphasizes the importance, even in the case of the smallest cancers of the breast, of removing not only the entire breast but also of extirpating the axillary glands. Only by such treatment, instituted early in the case, can the disease be prevented from becoming constitutional. He cites numerous cases in which this method was followed, and in which no relapse has occurred for years after the operation.—*Bulletin Médical*, 67, 1888. S. L.

#### The Treatment of Sleeplessness.

A correspondent of the London *Lancet* has found the following to be an effectual remedy in his own case of sleeplessness: After taking a deep inspiration he holds his breath till discomfort is felt, then repeats the process a second and a third time. As a rule, this is sufficient to produce sleep. A slight degree of asphyxia is thus relied upon as a soporific agent, but the theoretical correctness of this method is open to question. Certainly, there is proof to show that the daily expenditure of oxygen is most active during the waking period, and that nightly sleep appears to coincide with a period of deficient tissue oxygenation. It is at least as probable, however, that other influences are associated with the production and timely recurrence of sleep besides that just referred to. This plan, however efficacious in the case of its author, is not without its disadvantages. The tendency of deficient oxygenation is to increase blood pressure, and to slow the heart's action. With a normal organ, and as an occasional occurrence, this might not be of much consequence. If, however, the impeded heart should also be enfeebled by disease, the experiment might be repeated once too often. Another combatant with insomnia lays down the following rules, for the most part very sensible, to which he pins his faith: Considering that the chief causes of sleeplessness are mental worry and the want of a due amount of exercise and fresh air, he advises his fellow sufferers to observe the ordinary rules of hygiene relating to such matters, to take food and drink in moderation, and to avoid, of an evening, the use of tea, coffee, and tobacco. In dealing with severe nervous irritation from mental or physical work, he has found a daily rest an almost essential prelude to sleep at night. Thus he treats of sleeplessness rather as a tendency requiring constitutional remedies than as a symptom of mere brain excitation. There is much to be said for his theory and means of treatment.—*Therapeutic Gazette*, September 15, 1888.

#### Pharyngeal Congestion of Uterine Origin.

M. Cheorn calls attention to the fact that in certain cases of endometritis there is produced intense congestion of the pharyngeal mucous membrane, accompanied by sensations of constriction and heat, with difficulty in swallowing, and a slight, dry, incessant cough—these pharyngeal troubles being accented during the menstrual period. The treatment of this complication is not as simple as might be supposed. Most of the remedies usually employed in pharyngitis, the astringents in particular, augment the congestive troubles. Cocaine, which temporarily arrests the cough and the sensation, is soon followed by a paralytic congestion of the vessels in the pharyngeal walls. Gargles of warm water containing resorcin and glycerine are free from this inconvenience, and usually produce good effects, especially when accompanied by the use of fractional doses of belladonna.—*Therapeutic Gazette*, September 15, 1888.



## Salol Collodion for Chapped Nipples.

R. Salol, . . . . .	4 gr.
Ether, . . . . .	4 gr.
Dissolve, and add Flexible collodion, . . . . .	30 gr.

—*Journal of Cutaneous and Venereal Diseases*, October, 1888.

## Diagnosis of Cancer of the Stomach by the Absence of Muriatic Acid.

Debove and many other writers show that chemical analysis proves the absence of muriatic acid from the gastric juice in nearly all cases of cancer of the stomach, while its presence may nearly always be detected in cases of round ulcer. The axiom, that, in cases of gastric disease in which even traces of muriatic acid could be found, cancer is absent, Debove found true in all his examinations. To get decisive results, the secretion of the stomach should be rapidly filtered and immediately examined with gentian-violet or Porier's orange; the former in the proportion of one to five-thousand of water when there is a trace of muriatic acid in the fluid to which it is added; while Porier's orange gives a deep-red color, perchloride of iron gives a reddish-brown tint. A solution of three drops of perchloride of iron and ten drops of a saturated solution of carbolic acid shows at first an amethyst-blue tint, changing into brown after standing some time.—*Gaz. Méd. de Strasbourg*, 7, 1888. S. L.

## Relapses in Typhoid Fever Treated by Antipyretics.

Dr. T. F. Pasternatski has brought together a number of statistics calculated to show the effect of different methods of treatment of typhoid fever on the occurrence of relapses. According to his figures, relapses occur more frequently under cold-water treatment than when indifferent or inactive drugs only are employed. Still more frequently did relapses seem to occur when large doses of quinine—30 grains per diem—were combined with the cold-water treatment. When large doses of antipyrin, thallin, or acetanilid, were substituted for those of quinine, the results were even worse. There is, however, this to be said, that in Dr. Pasternatski's experience none of the relapses proved fatal, or, indeed, left any permanent ill effects.—*Lancet*, August 11, 1888.

## Oedema from Antipyrine.

Grognot relates the case of a patient who took fifteen grains of antipyrine and in twenty minutes experienced marked dryness of the throat and nasal passages, and great dyspnoea. The voice became husky, and the face rapidly grew oedematous and pale. The oedema was especially noticeable about the lower jaw and under the eyes. These symptoms disappeared in half an hour, but returned on another occasion when antipyrine was again administered.—*Medical News*, September 8, 1888.

## Auricular Epilepsy.

That irritation of sensory nerves may provoke an attack of convulsions or loss of consciousness, or, indeed, of almost any other nervous phenomena, must be admitted sometimes even without the qualification that the central nervous ganglia are in a particularly irritable condition. There seems plenty of ground for believing that nervous attacks, not necessarily typical in character, but resembling Meniere's disease, may proceed from auricular irritation. Boucheron has attributed some of these attacks to excitation of the acoustic nerve due to labyrinthine compression (otopoesis), secondary to the absorption of air from the cavity of the tympanum, often due to obstruction of the Eustachian tube. Insufflation of the tympanic cavity has relieved this pressure and led to the disappearance of the epileptic phenomena. Boucheron thinks that such cases are of common occurrence, and that they co-exist with slight or gross lesions of the auditory nerves.—*Lancet*, August 4, 1888.

### Reflex Neuropathies.

The eyes, the ears, the nose, and the naso-pharynx, constitute sources of reflex irritation leading to the production of various nervous diseases. According to French and German authorities, these sensory areas are very fertile in the production of headaches, epilepsies, coughs, giddiness, gastralgia, etc. Ruault and others assert that a great variety of morbid processes of the nose and naso pharynx may cause such affections, which are also frequently and easily cured by local treatment.—*Lancet*, Aug. 4, 1888.

### Concentration of Blood as a Condition of Stimulus for the Central Nervous System.

Injection of ten per cent. salt-solution into the veins induces spasm of all the muscles of the body as soon as the concentration of the blood reaches double the normal. This is not due to the salt-solution changing hæmoglobin into methæmoglobin; it is not due to direct stimulation of the muscles, since the contractions are prevented by curare; nor are the spasms due to the action of the salt-solution on the peripheral nerves. They depend entirely on the stimulation of the brain, and are prevented by section of the medulla oblongata. These experiments would seem to indicate the cause of spasms in diseases in which, as in Asiatic cholera, the blood becomes abnormally concentrated.—*Brain*, July, 1888.

### Treatment of In-growing Toe-nails.

Liquor ferri sesquichlor. has proven itself efficient in the treatment of granulating wounds of the fingers and the lobes of the ears (after piercing the same for earrings), and it shows an equal degree of efficacy in the treatment of in-growing toe-nails. Hoffman, of Erlangen, uses it according to the following method: After disinfecting the wound with corrosive mercury he applies to it a few drops of the liquor ferri sesquichlor., after lifting the nail somewhat. He allows this to dry. On the second and third days the same process is repeated. He then tries to remove with delicate forceps the hard crust that has formed. The slight bleeding that ensues is immediately stopped by a fresh application of the liquor. In a few days more the same process of ablation is again practiced. After a few applications, thus carried out, the nail rots so that it can be removed with the aid of the scissors or a dull knife without causing any pain. To prevent relapses, it is well to insert fine layers of cork under the edges of the new nail as it grows forward.—*Allg. Med. Centr. Zeitung*, 70, 1888.

### Treatment of Cold Abscesses.

Brauns and Nawwerck, of Tübingen, report the method of treatment pursued by them in over fifty cases of cold abscess. After removing the pus with Dieulafoy's apparatus, they inject into the cavity of the abscess a mixture of glycerine and alcohol, equal parts, and iodoform 10 per cent. Before and after using the injection, the parts are carefully disinfected with a solution of corrosive mercury, one to one thousand. The point of puncture is closed with iodoform collodion. In the discussion that followed the reading of this paper, some expressed the opinion that the dose of iodoform used was too large, while others were inclined to use as high as twenty per cent. of the drug. The scar remaining after the puncture is so slight as to hardly deserve mention.—*Intern. Clin. Rundschau*. S. L.

### Hypnotism and Suggestion in the Treatment of Nasal Diseases.

A patient, aged twenty-six years suffering from a nasal polypus which she desired to have removed, accidentally fell into a hypnotic sleep, simply by looking into the surgeon's mirror after he had put it on his head. Profiting by her sleep, the surgeon at once removed the polypus and destroyed the fragments by the galvano-cautery. The same surgeon used hypnotism successfully in several cases of neurosis affecting the larynx. One woman suffered from paralytic aphonia and spasmodic dyspnoea. All treatment



failed to give her any relief, until hypnotism was tried, when the dyspnœa disappeared. When she awoke she could speak in her natural voice. In a case of chorea of the larynx hypnotism did not suffice, but after suggestion the case was cured. With several of his patients repeated treatments by hypnotism were necessary before the cure of the neurosis was complete.—*Intern. Clin. Rundschau*, August, 1888. S. L.

#### Destruction of Corns and Warts.

Mason recommends the following; a small portion of which is to be painted over the growth:

R. Lactic acid,	.	.	.	.	.	10 parts.
Salicylic acid,	.	.	.	.	.	10 "
Flexible collodion,	.	.	.	.	.	80 "

—*Medical News*, October 6, 1888.

#### Uterine Diseases Treated by Heat and Cold over the Spinal Cord and Sympathetic Ganglia.

Dr. Kinnear recommends Dr. John Chapman's method of applying heat and cold over the spinal cord and sympathetic ganglia, and thus, through the effect on the bloodvessels, regulating the blood supply in diseases, especially of the pelvic organs, which are accompanied by, or dependent, directly or indirectly, upon anæmia or hyperæmia. The application of heat to the dorso-lumbar region causes contraction of the vessels of the pelvis and lower portion of the body—of cold, dilatation. In severe cases of menorrhagia heat has quickly relieved the excessive flow. A rubber bag, filled with water at 115° to 120° Fahr., is used constantly until the discharge lessens, being removed when the flow becomes normal. The bag must be refilled every hour, if necessary to continue the treatment beyond that length of time. In a patient with metrorrhagia the hemorrhage was checked in a few minutes, and ceased almost entirely in an hour. In a case with a tendency to abortion at the third month, having previously miscarried, the treatment was successfully carried out, the patient going to term.

Phlegmasia dolens was treated with like result. He believes it will prove useful in post partum hæmorrhage, both by producing anæmia of the pelvic organs and by its effect on the motor cells of the cord, causing uterine contractions. In endometritis, metritis, and perimetritis he thinks it probable that it will abort the attacks in most cases, if applied early, and later prevent the inflammation spreading, and abscess formation.

From bags filled with cracked ice, or ice-water, he has good results in cases of dysmenorrhœa, when there is great pain accompanied by scanty flow. The bag worn an hour, twice a day the first day, or three or four hours during the flow if it be very scanty, will often give quick relief and cause a normal flow. Treatment between the periods has entirely overcome the trouble.

He reports two cases of prolapsus successfully treated, the increased blood supply toning up the anæmic ligaments and drawing the uterus into position. Leucorrhœa has been speedily and permanently relieved. The treatment by heat or cold may be useful in the puerperal diseases, and is probably applicable to all other parts of the body, cases of nasal hemorrhage, typhlitis, and general peritonitis having been relieved by it.—*Annals of Gynecology*.

#### Glycerine as a Surgical Dressing.

The essential points of a good surgical dressing are: 1. It must be non-irritating, either directly or indirectly. 2. It must be antiseptic. 3. It must be capable of quick and thorough absorption. It is in this latter respect that the dressings in common use fail.

Fleming thinks that we find a dressing that combines all these requisites in the glyceride of starch of the Pharmacopœia with some antiseptic dissolved in it; for example, corrosive sublimate, 1 in 1000 parts. The starch

added for convenience of applying the glycerine, in addition forms a non-irritating surface for applying to the wound, and is a mechanical protection; it is most conveniently applied thickly spread on one or more layers of Gamgee tissue or some absorbent wool. This application is not irritating, is antiseptic, and is removed with the greatest ease from any wounded surface. As glycerine is freely miscible with the discharges it is freely absorbent, discharges, in passing into and through the dressing, become mixed with the glycerine, and, as this does not evaporate, it is thus prevented from becoming hard, caked, or dry. Such a dressing, after several days, will be found soft, flexible, and easily removed; it is heavy with the quantity of fluid it contains, a proof of its absorptive powers. The discharges are not collected in one spot. Next the wound, there is a jelly-like layer, which is easily removed, leaving a clean surface, and the sutures, if any, distinct and easily taken out, not being caked with blood.—*British Medical Journal*, September 22d, 1888.

#### Enemas of Antipyrine to Render a Labor Painless.

A German practitioner has lately stated that he has succeeded in minimizing, or even preventing entirely, the pains of child-birth by the administration of enemata of antipyrine. In the case of one woman with her first child, who had been in great agony for upwards of twenty-four hours, a single injection of about half a drachm of antipyrine to a few ounces of water, the pain ceased almost immediately, as if by magic, although the uterine contractions continued without alteration or diminution, and the accouchement proceeded in an entirely satisfactory manner. He also records cases where one or two antipyrine enemata rendered premature labor absolutely painless. Another authority, Dr. Layel, of Marseilles, has met with like success in similar cases by the employment of this drug. Equally satisfactory results have attended the administration of antipyrine in this manner in England, and consequently it is likely to be extensively employed. If it is really the fact that, in addition to its other valuable properties, antipyrine is capable of doing away with the whole, or the worst, of the horrible pains of parturition, an immense impetus will be given to the demand for this already very popular medicament. Thirty to thirty-five grains is the quantity recommended for each enema, and even in very severe cases a second or a third injection, after a short interval, suffices to relieve the patient from pain.—*Journal of the Amer. Med. Association*, October 13th, 1888.

#### Dementia Alcoholica in Women.

Decaisne, of Paris, studied fifty-four cases of dementia alcoholica in women, and found that thirty-one women were attacked for the first time at the advent of menstruation, or at the menopause. In three cases the attacks always appeared during pregnancy and ceased with confinement. In five it lasted only during the first month of pregnancy. Servants are very liable to it. Heredity could only be shown to be at the root of the trouble in ten cases. Most cases had never before been addicted to the abuse of spirits. The duration and frequency of relapses differed in different cases. Many of the patients belonged to the better classes, and indulged in cognac, liquors, bay-rum, cologne, etc. Strict isolation and close watching sufficed in most cases to bring the patients back to sobriety.—*Semaine Med.*, 26, 1888.

S. L.

#### Alcoholism in a Boy of Fourteen.

This lad was brought into the hospital comatose, his breath having a very strong odor of liquor, and died, two days after admission, unconscious. His parents said that since his ninth year he had shown a strong predilection for alcoholic liquors. Since his eleventh year he had been a drunkard. Of late he had been in the habit of pawning everything on which he could lay his hands in order to gratify his beastly habit. The autopsy revealed



all the characteristic changes attending chronic alcoholism, thickening of the dura mater, fatty degeneration of the liver, dilatation and thickening of the walls of the stomach, the gastric mucous membrane gray, and heart relaxed, but no atheroma of the aorta.—*Allg. Med. Centr. Zeitung*, 75, 1888.

S. L.

#### Carburetted Hydrogen in Uterine Cancer.

Carburetted hydrogen mixed with equal proportions of olive or almond oil is used in advanced cases of uterine cancer. After thoroughly disinfecting the vagina by injection of a solution of permanganate of potash or chlorinated water, tampons of absorbent cotton saturated in the hydrogen solution are applied to the ulcerating parts. These should be frequently renewed. This means may be used to relieve when all others have failed. It diminishes the pain and prevents the offensiveness of the discharges, so unpleasant to the patient and attendants.—*British Med. Journal*.

#### Oxalate of Cerium in Dysmenorrhœa.

Dr. M. L. Chambers does not remember a failure with the oxalate of cerium in dysmenorrhœa occurring in fleshy and robust women with scanty menses, where they have the pain before or just at the beginning of the flow, where it is spasmodic or colicky in character, with a feeling of tenesmus, and where relief follows the establishment of a free flow. But to ensure the success he believes it must be selected with reference to the above symptoms. It is given in powders of six grains each, one every hour until the pain is relieved. When the preparation is a pure one he has never seen any bad effects from its administration. Sometimes it contains small quantities of arsenic, which in certain cases has caused some irritation of the stomach.—*Medical Record*.

#### Nasal Difficulties in Ear Diseases.

Dr. J. O. Tansley, in a paper read before the American Otological Society, mentioned the following points: 1. Anything which wholly or partially occluded one or both nostrils, *a*, deviated septum; *b*, œdematous tissues; *c*, hypertrophic tissue, such as exostoses, hyperostoses, etc.; *d*, nasal polypi. 2. Hypertrophic tissue peculiarly placed, but not necessarily occluding. 3. Hypertrophic tissues, exciting as well as mechanically pressing upon the Eustachian tubes, bands of tissue seemingly cicatricial stretching from the posterior wall of the pharynx to the Eustachian tube. 4. Atrophic or cicatricial rhinitis, with unusually patulous Eustachian tubes. 5. Simple nasal-pharyngeal catarrh, *a*, simple mucous catarrh; *b*, muco-purulent or hyperplastic catarrh; *c*, fibrous catarrh; *d*, ozænic catarrh, catarrh with inspissated crusts. Finally, anything which wholly or partially occluded one or both nostrils. The author concluded the paper by saying that nasal difficulties caused ear diseases in four ways: 1. The blood dyscrasiæ or catarrhal diathesis, which caused one also caused the other, and in these conditions there was no natural sequence from one to the other. 2. The gradual invasion of one mucous cavity by the catarrhal disease of an adjoining and communicating mucous cavity; here there was a natural sequence from the nose to the ear. 3. The congestions suddenly occurring and often repeated, which were brought about by the difficulty of clearing the nasal cavities, and that nasal difficulties which offered the most resistance to the free passage of air through the nasal cavities would cause the greatest number and most serious diseases. 4. The influence which peripheral nerve-irritation of the nose might have upon the ear; this latter was undoubtedly a present fact in many ear-diseases, but the speaker was not then prepared to state his views upon the subject. The indications for treatment were simple and definite, and as follows: 1. To combat the blood dyscrasiæ. 2. To cure the catarrhally-inflamed mucous membrane, and restore its normal function. 3. If anything the most important of them all, to free the nasal and naso-pharyngeal cavities from all obstructions, and encourage nasal breathing.—*N. Y. Medical Journal*, October 6, 1888.

MONTHLY RETROSPECT  
OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

UNDER THE CHARGE OF

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MATERIA MEDICA.

**A CAUSTICUM CLINICAL SYMPTOM.**—"Mr. A., aged 45, reports that, about six years ago, he took *causticum*<sup>6</sup>, three times daily, for deafness. It caused a feeling about the apex of the heart as if there were strings there breaking. Twice afterward he took the same medicine, twice daily, and each time it produced the same symptom, but to a less extent."—Dr. Berridge, *Homœopathic Physician*, October.

**A KEY-NOTE FOR HEPAR.**—Dr. H. P. Holmes. in an article on Hepar, appearing in the *October Medical Era*, speaks highly of the medicine as an anti-suppurative remedy in the third trituration. Quoting the familiar symptom of "sensation as if a fish-bone or splinter were sticking in the throat," the doctor considers that this symptom should have a broader meaning, and read "a pricking sensation in the affected part." Allen gives over fifty symptoms containing the word "sticking" or "pricking."

**A VERIFICATION OF MENYANTHES—CEPHALALGIA.**—Miss B. W. suffered from a terrible, bursting headache, with paroxysms that caused her to scream, and a sensation of terrible tension in the membranes of the brain. The pain began in the right side of the nape of the neck, came up to the forehead, and then spread over the whole brain. Light, noise and jarring aggravated, and sitting in a stooping posture and heavy pressure on the neck and vertex ameliorated. Accompanying the pain was a terrible sensation of loneliness. "I can't bear this alone feeling; please stay right by me, mother." Improvement began immediately under *menyanthes* 30, and the patient was comfortable in two hours.—Dr. Robert Farley, *Medical Advance*, September.

**REMEDIES HAVING EXCESS OF UREA.**—Dr. Gibbs Blake, in a paper read before the Homœopathic Congress held in Birmingham, and reported in the *Homœopathic World* (October), on "The Treatment of Cases in which an Excess of Urea is a Prominent Symptom," gave the following medicines as having produced excess of urea:

*Apocynum cannabinum*.—The provings indicate its use when excess of urea is found in connection with piles.

*Arsenious acid* and *antimonious acid* resemble *phosphoric acid* in increasing urea, thus confirming the use of *arsenicum album*, which Dr. Blake had utilized before he knew of its power of increasing urea.

*Aurum muriaticum*.—The well-known depressed state of mind is the chief indication for cases accompanied by dyspepsia.

*Calcarea muriatica*.—In cases where the *calcarea carbonica* would ordinarily be given. There is languor, disinclination for exertion, with increased metabolism. The quantity of urea differentiates the *calcarea muriatica* from the *calcarea carbonica*.

*Colchicum*.—Organic solids increased in healthy men; also in dogs. The uric acid is increased as much as 75 per cent. Dr. Noel Paton finds it difficult to account for the traditional use of the drug for gout. This fact homœopaths can easily explain.



*Euonymus*.—Dr. Noel Paton found the urea markedly increased when purgation was not induced. There is increase of uric acid as well as of urea. *Ferrum muriaticum* caused increase of nitrogen in urine. *Iodine* and *jaborandi* increase urea. *Mercurius corrosivus* caused a decided increase in urea in dogs.

*Natrum salycilicum*.—In man urea is increased, and uric acid decreased. *Natrum benzoicum* also increased the amount of urea.

*Phosphorus* largely increases the amount of urea

"INVOLUNTARY URINATION WHILE COUGHING."—With this caption Dr. M. W. Van Denburg, in the *Medical Counsellor*, for August, gives a number of remedies, and their differentiating concomitants :

Abundant escape of urine indicates—*alumina*, *antimonium crudum*, *ferrum*, *squilla*. *Alumina* is especially adapted to old, withered looking people ; *antimonium crudum* to fat people ; *ferrum* to delicate nervous, easily-flushed people ; and *squilla* to all classes where there is rattling of much mucus in the trachea.

*Alumina*.—Cough in long attacks, ending in difficult raising of a little mucus ; dry, morning cough. In the evening there is felt a weakness in the urinary organs by the patient, and an apprehension that he may wet the bed.

*Antimonium crudum*.—Dry, hard cough, shaking the whole body, with dyspnoea.

*Ferrum*.—Dry and teasing cough ; must sit up to raise sputa ; stitches and soreness in the chest ; urine passes involuntarily in spurts.

*Squilla*.—Dry cough in the evening, loose and fatiguing in the morning ; dyspnoea ; stitching pains in the chest and abdomen.

Smallescape of urine, sometimes in drops only, indicates, when associated with weakness—*bryonia*, *pulsatilla*, and *zincum* ; with irritation of urinary organs—*apis*, *natrum mur.* ; with sharp stitching pain—*bryonia*, *causticum* ; with gagging and retching—*kreosotum*. *Bryonia*, passes a few drops while walking, without sensation ; *pulsatilla*, while sitting or walking, from coughing, and even during sleep ; *zincum*, during any special effort. The *zincum* patients are fidgety, nervous people, whose feet are in constant motion, even to keeping them awake at night. This drug is specially useful in chronic cases occurring in patients addicted to sexual excess, and acts best when a single dose is given at night only.

*Apis*.—Cough dry, hard, relieved by raising the least bit of mucus, which must be swallowed ; worse after sleep. *Natrum mur.*—Urine passes during walking, with burning, smarting, soreness, cutting, stitching pains during and after urination ; great thirst, frequent desire to urinate. *Kreosotum*.—Spasmodic cough in the morning, with retching at the end of the paroxysm ; sputa of white mucus, easily detached.

REMEDIES FOR STUTTERING SPEECH.—Dr. E. J. Lee, in his endeavor to find the *similimum* for a case of stuttering under his care, gathered from the *Materia Medica* the following indications :

*Aconite*.—Speech, stammering ; no power of articulation ; he uttered only unintelligible sounds ; he lost all power of speech.

*Atropinum*.—Frequent stuttering, especially at words difficult to pronounce never used to do so ; articulation indistinct, rapid and chattering.

*Belladonna*.—Speech rapid, interrupted ; speech low, impeded ; stammering speech ; stammers like one intoxicated ; indistinct speech ; stuttering ; difficult speech, difficult breathing and great lassitude—afterward anxiety ; paralytic weakness of the organs of speech.

*Bovista*.—Stammering ; he stammered at times, particularly when reading ; was not able to pronounce several words.

*Bufo*.—Stammering ; difficult, impeded and intelligible speech.

*Cannabis indica*.—Stammering and stuttering ; his lips failed of utterance, as if paralyzed.

*Dulcamara*.—Stammering from time to time, as if intoxicated ; indistinct articulation, though he tried constantly to speak.

*Euphrasia*.—While speaking he recommences many times, not only re-

peating the first words of the sentence (a kind of stammering), but also after the periods he frequently recommences in order to select another expression (formerly he used to speak connectedly).

*Mercurius*.—Speech difficult on account of the trembling of the mouth and tongue; speech stammering and usually very difficult; could scarcely speak from the state of agitation they were thrown into the moment they were addressed or attempted to articulate; stammering, slow speech, difficult; entirely unable to speak on any excitement; stammering like a child; dreadful stammering; utterance embarrassed, indistinct and hurried.

*Opium*.—He is unable to talk with open mouth; he answered in a stammering, with interrupted articulation.

*Phosphorus*.—Stuttering when endeavoring to articulate; speech difficult, weak and slow.

*Plumbum*.—Articulation imperfect, often even incomplete; sometimes on attempting to speak he uttered only confused sounds, more or less intelligible.

*Secale*.—Stammering unintelligible words between the teeth; speech difficult and stammering; speech slow and weak, with a feeling on every motion as if there were always some resistance to be overcome.

*Selenium*.—A kind of stammering speech, so that he made mistakes in talking, uttered syllables wrongly, and could not articulate many words at all for many days.

*Stramonium*.—Stammering speech, difficult and unintelligible; a kind of paralysis of the organs of speech; he has to exert himself a long time before he can utter a word; he merely stammers and utters unconnected sounds; can articulate, but the words he utters sound loud and harsh.

*Tabacum*.—While reading he cannot articulate; he reads very indistinctly (quite contrary to habit); speech difficult and unintelligible.

*Vipera*.—Speech difficult and inarticulate; stammers a few unintelligible words, with weakness and sleepiness.—*Homœopathic Physician*, October.

**SPONGIA TOSTA.**—Dr. George Wigg, in an article on "Spongia," in the September number of the *American Homœopathist*, recapitulates the characteristic symptoms of the drug, and points out the symptoms indicating the medicine in broncho-pneumonia, pertussis, catarrhal laryngitis, asthma, bronchitis, organic heart disease, gonorrhœa and menstrual difficulties. He closes his article with a few verifications of symptoms peculiar to this drug: She would rather die on the spot than suffer as she does; she has an idea that her head is being blown up like an elastic balloon; chills run up and down the back, sometimes going across it; shaking while standing with the back close to a hot stove; dull headache in the right half of the brain on coming from the open air into a warm room; a yellow scaly eruption on the superciliary ridge, painful only when touched; smarting, painful, stinging red eruptions on tips of ears, face and lips; muscular twitchings about the left shoulder joint; cramp-like pain in the ball of the right thumb, which, on moving the hand extends into the thumb; itching all over the body, as when sweat breaks out, compelling him to scratch, which he no sooner does than the itching occurs on many other parts, and the more he scratches the longer itching lasts; there is an irresistible inclination to sing, with excessive gayety.

#### THERAPEUTICS.

**STANNUM IN HEADACHE.**—Dr. Cyrus M. Babcock, in the *American Homœopathist* for October, relates an interesting case of headache cured in three days by the use of *stannum* 3x trituration. The patient was attacked four or five times a year with a pain over the right eye, which would last for several days. The pain was so intense as to prevent work. The pain was intermittent and had something of the *stannum* *crecendo et diminuendo* style about it. Sulphate of morphia, administered by his old-school physician, gave very little relief. Dr. Babcock has cured a number of chronic headaches with *stannum*, and thinks the remedy is too infrequently prescribed.

**RHUS TOXICODENDRON IN VESICULAR ANGINA.**—Dr. Julia T. Hayward records three cases of sore throat characterized by a vesicular erup-



tion in the fauces and cured with *rhus toxicodendron* 3x. The symptoms were: Great pain on swallowing; all symptoms worse at night; sleepless; vesicular eruption covering the fauces; constant aching in the throat, worse swallowing.—*American Homœopathist*, October.

**LYCOPodium IN TONSILLITIS.**—Dr. Robert H. Fallon reports the rapid cure of two cases of follicular tonsillitis with *lycopodium* 200. The symptoms characteristic of lycopodium, were, among others: Enlarged tonsils, causing difficult swallowing of even liquids; aggravation in the afternoon and evening; the direction of the inflammatory process from right to left; red sand in the urine; flatulent distension of the bowels.—*Homœopathic World*, October.

**"NEURASTHENIC" INFLUENZA.**—A maiden lady, of 44, had nervous influenza, or what she was pleased to term "hay fever," from joy, sorrow, or any excitement. In addition to the usual array of nasal symptoms she complained that when she closed her eyes she experienced a sensation in the occiput as if she were going backwards; also a sensation as if a cold hand was clasped above the wrist; dull frontal headache, with pain from the back part of the left eyeball, shooting like a flash to the back part of the right eyeball; forgetfulness; absent-mindedness; irritability; headstrong; becomes excited when talking; trembles; debility when walking. Dr. G. W. Sherbino prescribed *Sanicula* 30, and the next day the patient was well. During a relapse, five days later, she received one dose of the same medicine in the 10m. The case was cured.—*Southern Journal of Homœopathy*, September.

**BELLIS PERENNIS IN DYSPESIA.**—According to the *California Homœopath* (October) *bellis perennis* is curative of complaints due to drinking cold drinks when the body is heated (i.e., effects of sudden chill from wet cold when one is hot). Dr. J. C. Burnett recommends the drug in acute and chronic dyspepsias resulting from eating cold ices.

**SANICULA IN POST-TYPHOID DYSPESIA.**—Dr. G. W. Sherbino, in the September *Southern Journal of Homœopathy*, reports the cure of a case of dyspepsia following typhoid fever with *sanicula* 30th. Among other symptoms present were: Bloating, the bowels feeling full; gurgling on the left side of the abdomen, sometimes extending to the right; hands and feet cold and clammy; clammy neck; sweats at night, wetting the pillow; gets very hungry before meals, and has to have a piece of bread; gnawing, empty feeling in the stomach, relieved by eating; weight and heavy feeling in the lower abdomen, felt most when the bloating of the abdomen is greatest.

**LAC CANINUM IN DIPHTHERIA.**—Dr. Brownell reports the recovery of a severe case of diphtheria by the use of *lac caninum* 200, after the failure of lachesis, kali bichromicum and aconite. The child had severe hæmorrhages from the mouth and nose; bloody pus, so corrosive as to produce desquamation of the skin of the upper lip, discharged from the nostrils; great restlessness; croupy cough, causing the child to cry; extremely difficult respiration; and the tonsils so swollen as to touch, and covered (as was the uvula) with a thick membrane, not markedly shining. Shreds of membrane were discharged the day after the administration of the *lac caninum*.—*Homœopathic Physician*, October.

**CATARRHAL DEAFNESS.**—Dr. Berridge cured, in a fortnight, with one dose of *calcarea carbonica* c.m. a case of catarrhal deafness affecting the left ear in a groom, aged 36. Symptoms: A sound in the left ear as of a lot of trees waving; no pain; aggravated by driving; feeling as if a slide was let down over the left ear, and sometimes it goes up, but quite deaf under any circumstances. With his finger in the right ear he was stone deaf; he could not hear a cart go by.—*Homœopathic Physician*, October.

**SINAPIS NIGRA IN ACUTE CORYZA AND HAY FEVER.**—Dr. Clarence Willard Butler, in the *Medical Advance* for October, reports four cases of acute coryza and five cases of hay fever cured with *sinapis nigra* in the 12, 200 and c.m. potencies. The symptoms Dr. Butler especially depends on are: Thin, acrid, nasal discharge; the appearance of excoriation, worse at the

alæ nasi ; sneezing from irritation of several kinds (itching, tickling, etc., in the nares) without cough or with a hacking cough and clearing of the throat, which is relieved by lying down ; lachrymation, eyes watery in appearance, smarting, itching or burning (or all three) ; nasal voice ; power of mental action not disturbed by the cold ; asthma, associated with or immediately following the acrid nasal discharge.

**STANNUM IN WINTER COUGH.**—Dr. Grant reports the case of a married lady who consulted him for a cough, a sequela of measles, that recurred every February, disappearing during the summer months. Her symptoms were : Severe racking cough ; inclination to vomit during cough ; aggravation in the morning ; expectoration of yellowish mucus of sweetish taste. *Stannum* 200, one dose, produced a violent aggravation for a day, and then the cough disappeared, and has not returned for two winters.—*Homœopathic Physician*, October.

**TRAUMATIC CARDIALGIA.**—Maria M., aged 11, was admitted to the Vienna Hospital for Children, October 14, 1887, with the following history : Two years ago, while exercising, she fell from a considerable height, striking upon the region of the stomach, and was carried home in an unconscious condition. She had suffered since that time with severe pains in the stomach. The pains came on if she partook of the least particle of food, and in the evening they occurred spontaneously. When the pains came on she screamed, cried out and rolled upon the floor. The time of treatment was from October 14, 1887, to October 24, 1887. *Nux vomica* 3x was prescribed, and cured permanently.—Dr. W. F. Robinson, N. Y. *Medical Times*, September.

**SANICULA IN INFANTILE DIARRHŒA.**—A baby, suffering with loose verdigris-colored stools, which were sometimes lumpy and of bad odor, who was becoming emaciated, whose skin was pale and transparent, and who sweat on the back of the neck when sleeping, recovered after one dose of *sanicula* 30th given by Dr. G. W. Sherbino.—*Southern Journal of Homœopathy*, September.

**LYCOPODIUM IN CONSTIPATION AND FISSURE OF THE RECTUM.**—Dr. J. A. Wakeman, in the September *Medical Advance*, relates an interesting case. A lady, aged 25, married and a mother, had suffered from constipation since puberty, and the sluggishness of the bowels was greatly aggravated during pregnancy. Since her last babe she had been worse than ever before, having a stool *large, hard, dry and coal-black*, but once a week. The dilatation of the anus was attended by a flow of blood, a tearing, crackling sound (which the patient could distinctly hear), produced by the opening of five or six deep, half-healed fissures. The evacuation was only effected after violent and long-continued effort. The exertion and pain produced a profuse cold, clammy perspiration, followed by tremor, exhaustion and great pain at the anus for hours, the latter much relieved by cold-water bathing. The patient informed her physician that each bowel movement was productive of more suffering than giving birth to a child. *Lycopodium* 15x, morning and evening, was prescribed. Cold-water rectal injections in the morning, and a stated time for going to the water-closet was also ordered. Six days after the first dose she had a natural and painless stool, and one the following morning, although blood was discharged with each stool. Every evening at 7 o'clock she was attacked with an intolerable itching of the anus. *Ferrum metallicum* speedily relieved this symptom. In thirty days she was as well as ever. She had but five doses of *lycopodium* and one dose of *ferrum*.

**BELLADONNA IN PERITONITIS.**—Dr. W. F. Robinson reports a case of peritonitis in a boy of twelve years of age, successfully treated throughout the whole course of the disease (in the Vienna Hospital for Children), with *belladonna* 3x every three hours. On the seventh day the patient was able to sit up, the convalescence being uneventful.—N. Y. *Medical Times*, September.

**CAUSTICUM IN EXCESSIVE UREA.**—Dr. Richard Hughes, acting on a hint given by Dr. Freeman, gave *causticum* to a lady too slowly conva-



lescening from typhoid fever. The excess of urates in the urine led to the prescription of causticum. He has given the remedy with great success since in cases of excessive discharge of urea.—*Homœopathic World*, October.

**THLASPI BURSA PASTORIS IN EXCESSIVE URIC ACID DISCHARGES.**—Dr. Dudgeon gave *thlaspi bursa pastoris* to a lady who, following rheumatic symptoms for a long time, discharged quantities of uric acid. Under the action of the drug the quantity of uric acid very greatly diminished, and it took the form of dust instead of larger concretions.—*Homœopathic World*, October.

**POST-SCARLATINAL NEPHRITIS.**—In the Vienna Hospital for Children Dr. W. F. Robinson successfully treated a severe case of post-scarlatinal nephritis with *terebinthina* 3x, every three hours. The patient, a boy, seven years old, was admitted October 19th, 1887, and discharged cured November 21st, 1887.—*N. Y. Medical Times*, September.

**ORCHITIS.**—With the key note symptom "headache before a thunder-storm" Dr. Berridge, with *rhododendron* 200, cured a swelling and hardness of the left testicle following gonorrhœa.—*Homœopathic Physician*, October.

**A PECULIAR CASE OF AMENORRHŒA AT SIXTY-THREE.**—Dr. C. A. Howell, as reported in the September number of the *Medical Advance*, was called to attend Mrs. —, aged 63, and found her suffering from the following symptoms: Intense pain in the occipital region, worse at every throb of the heart; retraction of the head and neck; neuralgic pains in the limbs; pulse 9½, and temperature 99°. *Macrotin* 2x was prescribed. At the next visit the patient gave the doctor the following history: At the age of 11 years she began her menstrual life, and her monthly cycle continued up to the age of 49, the flow having been during this period regular as to time and normal in character and amount. At this age, after menstruating thirty-eight years, she ceased menstruating without experiencing any of the disturbances that generally arise at this time of life. At the age of 60, ceasing to menstruate eleven years, she again began to have her regular monthly cycles, which are, although small in amount, marked by regularity of return, and with little or no pain. At the present age of 63, she is apparently in good health. The prescription of *macrotin* relieved the neuralgic pains and caused the return of the flow, which had not appeared that month.

**SEPIA IN VAGINAL PRURITUS.**—"Mrs. B., aged 32, for forty-eight hours had suffered from irritation in the vagina, worse during the night and from friction. The irritation is a smarting and itching, and the vagina protrudes and is somewhat swollen. The irritation prevents sleep." *Sepia* c.m. cured in four days.—Dr. Berridge, *Homœopathic Physician*, October.

**RUMEX IN PRURITUS.**—"For some weeks, when undressing at night, I had itching of the legs below the knees, removed only by violent scratching (sometimes so as to draw blood). One dose of *rumex crispus* c.m. (Fincke) cured."—Dr. Berridge, *Homœopathic Physician*, October.

**MEZEREUM IN SKIN AFFECTIONS.**—Dr. Aug. Korndorfer has witnessed good results from the administration of *mezereum* in skin cases characterized by thick, crusty masses covering the scalp and face; dirty, chalky look of portions of the scalp; pus forms freely under the crusts; pus often ichorous in character; child scratches until the parts bleed. These symptoms may be accompanied by an offensive diarrhœa. The potencies used were the 6th and 30th.—*Medical Advance*, September.

**OLEANDER IN ECZEMA.**—A humid, scaly eruption of the scalp, with gnawing itching, temporarily relieved by scratching, soon followed by burning and increased itching, are indications for the employment of *oleander* in eczema. Marked weakness of the lower limbs, and a gloomy irritable mental state may be accompanying symptoms.—*California Homœopath*, October.

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THE RELATION OF ABNORMAL STATES OF THE HEART TO ABNORMAL  
CONDITIONS OF OTHER ORGANS OF THE BODY.

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(Prepared for the Southern Homœopathic Medical Society, and read at Louisville, Ky.,  
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THE subject of this paper appears to me a most vital one. It closely concerns the etiology, diagnosis, and especially the therapeutics, of many of the diseases of the human body. Not all the disorders of the various organs commence in those organs. They often have their initial starting-point in other and often remote organs.

This is a consideration which we should always take into account in our diagnosis. But even if a disorder does commence—in the liver, for example—it sometimes occurs that, owing to the fact that another organ has been sympathetically affected, the original disorder is continued by the morbid condition of the one secondarily affected.

With this preamble I will now discuss the subject I have chosen. There is a physiological condition of the heart which we call normal. This is when it beats at the average rate of 72 per minute; when the beats are regular; when the blood pressure does not exceed or go below the normal standard. Any deviation from this normal standard tends to disturb the equilibrium of the circulation in some, if not in all, the organs supplied with the blood.

If the beats of the heart are too strong, or too frequent, in time arterial congestion must obtain in those organs, or in the one organ most susceptible to morbid impressions. The only restraining influence to this lies in the vaso-motor centre. This centre soon becomes stimulated by the increased amount of arterial blood, and an attempt is made to stem the current by the vaso-motor constrictor nerves which



go out from the centre to every organ. They cause a contraction of the smaller arteries, and thus prevent the abnormal pressure which constitutes congestion. But if the heart persists in exerting its excessive force the constrictors finally give way and the arterioles are flushed, resulting finally in inflammation or extravasation.

Take the opposite condition, that of a weakened heart. Here the systole is destitute of its normal power, it does not force the blood through the arterial system with sufficient force; they are all the time partially empty. No organ receives its proper amount of arterial blood. It is not propelled into the veins with force enough to drive the blood back into the heart, and two conditions surely obtain, namely, arterial anæmia and venous stasis.

Now, as I said before, the bearing of the above facts, in diagnosis and treatment, is of the greatest importance. On examination of a patient, so soon as we locate the seat of the organ diseased, the questions arise, Did the disorder originate in that organ? Was there a local irritant cause? If we cannot decide as to the local origin, we must get a history of the patient's condition previous to the local disorder. Are all the other organs of the body in a healthy state? If we find they have been, and are now, we must then interrogate the great central organ of circulation. Does the heart beat with normal force, and frequency, and rhythm? If not, how long has it been beating in an abnormal manner? Is the heart too large, too thin, or are its walls too thick? Is there any valvular lesion? Is it a nervous or an organic disease which affects it?

Not until all these questions are answered by an examination, exact and scientific, can we diagnose with any certainty the nature of the affection now located in the diseased organ. In order to illustrate this subject I must draw copiously upon our medical literature and my own experience, and I shall try to give cases which will further illustrate the matter under consideration. That there shall be some method I will take up briefly each important organ, beginning with

#### THE BRAIN.

In many febrile states, even where the heart is normal, the hot blood is thrown into the brain with abnormal force. Not only the cerebral mass, but its meninges, are stimulated and irritated to the verge of inflammation. Delirium, and often cerebritis, ensue. This often occurs in pericarditis. The hard, bounding pulse, the flushed face, and injected eyes, demand that we shall subdue the unnatural force of the heart.

Before physicians knew the value of aconite and veratrum viride, they believed it necessary that the volume of the blood should be lessened by venesection. It cannot be disputed that in such cases, moderate bleeding did ward off serious damage, but such a practice can now be safely abandoned. Under the timely influence of veratrum viride the heart's action becomes slower, softer, and soon the blood becomes cooler, and reaches the brain in less quantity.

In most cases of active congestion, the vaso-motor constrictors prevent undue distention of the cerebral arteries. It is when they fail in restraining power, that belladonna should be given to aid the heart-restraining power of veratrum or aconite.

Chronic hyperæmia of the brain is often kept up by an irritable heart, from functional irritation of the cardiac ganglia, or muscular hypertrophy of that organ. Here, in order to relieve the oppressed brain, we must quiet and restrain the heart by the use of aconite, gelsemine, or belladonna.

Directly opposite in its results, is the effect of a weak and irritable heart. Its propelling power is below normal. It does not fill the cerebral arteries, and a condition of cerebral irritation obtains.

Delirium tremens, the delirium of typhoid fever, and certain forms of insanity, depend on a weakened heart. An extreme degree of cardiac debility causes coma, dementia, and that peculiar condition called the hydrocephaloid state. Even in true hydrocephalus we find the former condition. In such cases, cerebral remedies are useless. We must increase the working power of the heart, by food and stimuli, aided by cardiac tonics.

Of these, digitalis, phosphate of strychnia, and phosphorus are the most important.

CASE I.—A child of 9 years of age had an attack of acute hydrocephalus, which was treated with belladonna and hellebore. But the stomach was so irritable that for two weeks scarcely any food was retained. Feeding per rectum was rendered futile, by paralysis of the sphincter. Only during the third week was food retained, but instead of convalescence, a semi-comatose condition set in. The heart's action was very feeble, irregular, and intermitting, and the surface of the body pale and cold. In this case, the administration of digitalis and iron in small doses, induced a rapid change for the better, and a quick recovery.

CASE II.—A man, aged 55, had an attack of sewer-gas fever, lasting six weeks, under "regular" treatment. The friends became dissatisfied, and placed me in charge of the case. There was no fever,



but complete paresis. He could not see across the room, all objects appeared in a fog. He could speak only in a low whisper. He was deaf, and had lost the sense of taste. He lay all day motionless, except when turned over by his nurse. There was general anæsthesia. He passed urine involuntarily, and his bowels had not moved for a week. He had been filled with quinine and iron, and beef-tea, and egg-nog had been given to repletion.

The heart-sounds could scarcely be heard, its beats were very irregular, and the pulse scarcely perceptible; yet under the use of an acid solution of phosphate of strychnia and digitalis, he made a rapid recovery.

In that excessive anæmia of the brain, which obtains in *mania a potu*, when anodynes, sedatives, and the stimulus of food, fail to calm the patient and cause sleep, digitalis in potent doses will change the condition like magic, by causing calm and slower beating of the heart, enabling it to feed the starving brain with blood.

In the treatment of sleeplessness from mental overwork, in persons of weak and dilated heart, a few drops of digitalis, convallaria, or veratrum album, will have a better effect than all the anodynes in the pharmacopœia. In old persons with a tendency to apoplexy, especially when the arteries are rigid and brittle, the condition of the heart should be closely watched. As the arteries grow smaller and more atheromatous, the blood pressure increases to an enormous extent. The heart beats with phenomenal force, and unless it is soon subdued, rupture of a cerebral artery and extravasation will surely occur. The remedy in such cases is veratrum viride. It acts with a celerity which will astonish those not accustomed to use it. But it must be given in large doses. Five drops every half hour is none too much. Suspend the medicine as soon as the heart beats normally. I have never seen the slightest unpleasant effects from such doses, and I am sure I have often averted apoplectic attacks.

An opposite condition—once called “serous apoplexy,” now known as senile anæmia of the brain—is caused by a condition of the heart known as senile degeneration—a kind of fatty degeneration. So long as a sufficient number of muscular fibres remain unchanged, the attacks of coma and dementia can be warded off by digitalis and arnica, for arnica is one of the best cardiac tonics we possess in such conditions.

#### THE LUNGS

are so closely connected with the heart, that any deviation of the latter from a normal state, will surely create an abnormal condition in the former.

Arterial congestion of the lungs attends cardiac excitement or inflammation of the heart. In the quick acting, irritable heart when the pulse is 100 or more, and hard without fever, the lungs are constantly congested. It is this condition which precedes or attends phthisis pulmonalis. In true cardiac hypertrophy there is a constant congestion of the lungs. In both conditions, pulmonary hæmorrhage and inflammation may occur from slight exciting causes.

In order to prevent or arrest such attacks, the heart must be treated by medicines which modify its abnormal action. Aconite and veratrum viride are the two chief agents. It does not require the presence of febrile temperature to indicate them. We must use them in such doses as will cause the heart to resume its normal rate and force.

Cactus, lycopus, adonis, convallaria, and oleander may be indicated. But the efficient remedy must be one which depresses the action of the heart.

When death occurs in pneumonia, it is generally from heart-failure. The aim of the physician, after the first, or inflammatory stage has passed, is to sustain the weakened heart by appropriate food and stimulants.

But food and alcohol are not all that is needed. Some direct medicinal tonic must be used, among which none is so potent as digitalis. Under its influence in proper doses, the failing heart slows its rapid feeble beating. The heart muscles make a more ample sweep, and throw the life current to the famishing lungs, hastening resolution, and preventing collapse; aided by phosphorus and strychnia to strengthen the respiratory muscles, the patient recovers.

There are cases when heart failure comes on suddenly; when the half-paralyzed heart struggles with the congealing blood in its cavities; the pulse is imperceptible, and a cold sweat covers the body. There is not time for alcohol or digitalis to act. Then we must hasten to administer that most potent remedy, glonoin. A drop of the tincture—the 1-100 of a grain—is placed upon the tongue; and in four or five minutes the heart rallies. Then give digitalis or caffeine, and watch lest the action of glonoin ceases before that of digitalis begins. Fifteen or twenty drops of digitalis, or five grains of caffeine, are none too large a dose in such cases of imminent danger.

#### THE LIVER.

When the heart supplies the liver with blood in sufficient quantity, the bile is secreted in normal amount. But in fevers attended



with greatly increased action of the heart, and in concentric hypertrophy, the liver becomes the seat of active congestion. The first result of such congestion is to cause an increased flow of bile. This is one cause of the bilious diarrhoea in children and adults. The hot blood forced into the liver, acts like a drug stimulant. Aconite generally relieves this condition by lowering the action of the heart. Passive congestion is more common, and is generally caused by some mechanical impediment to the return of blood through the veins to the heart.

Examples of congestion arising from this cause are most frequently met with in persons with organic diseases of the valves of the left side of the heart. In such persons, it often happens that when the circulation becomes much impeded, the liver grows larger, so that its edge can be felt two or three inches below the false ribs. The turgid state of the capillary vessels in the lobular substance of the liver, and the slowness of the current through them impedes, moreover, the secretion of bile; so that it often happens that after a few days, these symptoms are succeeded by a sallowness of complexion which, in some cases, passes into decided jaundice. Not only do we find organic diseases of the heart causing jaundice, but a weakened heart from any cause, will have the same effect. Now in such cases neither the congestion, enlargement, nor jaundice can be removed by hepatic medicine alone. They may temporarily restore the secretion of bile, but a cardiac medicine must be given to effect a cure. In any and every case of congestion of the liver and jaundice, always examine the state of the heart. Find if its action is strong and regular. If not, give digitalis, and you will see a change for the better as soon as the heart feels its tonic influence.

CASE I.—A man, aged fifty, consulted me for a jaundice of several weeks duration. The stools were clay-colored, and the urine saturated with bile. The liver was much enlarged, with soreness and heaviness. The heart's action was feeble and irregular. No disease of the valves. He stated that the heart trouble preceded the jaundice. Under the use of ten drops of digitalis 1x, every two hours, he recovered in a week.

Euonymus, one of our best new remedies for passive congestions of the liver, jaundice, etc., contains an active principle, euonymin, which is a cardiac tonic. This accounts for its value in such disorders. Chionanthus and chelidonium may contain a similar principle.

*Prunus virginiana*, the bark of the wild black cherry, removes

jaundice by virtue of its power to tone up and regulate a weak heart. Sometimes the jaundice, from suppression of bile, causes cardiac symptoms, denoting debility. This is due to the toxic action of the bile floating in the blood, and is a kind of poisoning. Rohrig has shown that it is the glycocholic and taurocholic acids which slow the pulse. It acts upon the ganglia in the heart. Legg found that these acids greatly lowered the blood pressure. Now, it is evident that cardiac tonics are needed just as much when jaundice was the cause of the slow and weak heart.

But in this case the cardiac remedy should be alternated with a hepatic remedy; as digitalis with podophyllum, or euonymus with chelidonium.

#### THE STOMACH

feels the bad influence of a weakened heart as soon as any other organ. There is a dyspepsia that is unmistakably due to cardiac debility. The symptoms are great sinking sensations and weakness in the epigastrium. The stomach will not tolerate or digest the simplest food. The extremities are cold and livid. The pulse weak, irregular, or intermitting. The mind despondent and irritable.

Now, all the pepsin compounds, bismuth, or dieting will not cure such cases. We must energize the heart and the pneumogastric nerve. The alternate use of digitalis and ignatia, or strophanthus and strychnia, will soon remove the passive congestion of the stomach.

#### THE KIDNEYS.

These organs probably suffer from heart diseases more than any others. Acute congestion may arise from hypertrophy, that form of enlargement in which there is a thickening of the walls of the left ventricle, causing an increased force of the blood current. If there is at the same time an incompetency of the aortic valves, the blood current is allowed to spend its full force on the arterioles. The result is this condition, an undue distention of the small arteries, otherwise aneurisms, and extravasations of blood from rupture of the arterioles. In acute congestion of the kidneys these organs, when cut into, show scattered dark points, or minute ecchymoses, and there is a discharge of dark-colored, watery blood, showing an œdematous condition. Microscopically we find evidences of engorgement of the bloodvessels and an infiltration of serum into the interlobular tissue. In the tubules the epithelium is found to be granular, and the lumen is choked with coagulated fibrin.



Here we have the first stage of a form of Bright's disease, and we can appreciate how important it is that we should control a heart which forces an abnormal amount of blood into the delicate tissue of the kidneys. It will surely cause inflammation unless the power of the heart is lessened. Beside hygienic treatment and the prohibiting of overeating, use of alcohol, and excessive physical exertion, we must lessen the heart's action by the use of aconite, veratrum viride, cactus, lycopus, cyanuret of zinc, and others. It must not be forgotten that in the majority of cases, cardiac hypertrophy has its origin in the kidneys, or in an excessive arterial tension in those organs. This tension, or diminution in the size of the arteries, with or without atheromatous rigidity of their walls, always increases the action of the heart in order that it may overcome the resistance, and from this increased action we get either thickening or thinning of the left ventricle.

Hypertrophy, with dilatation, implies, always, a decreased force in the arterial circulation, and the decreased force always leads to that most unfortunate of all conditions of the kidneys—passive or venous congestion. The results of this venous stasis are a proliferation of cells in the connective tissue of the kidneys, and every organ where this condition exists; the organs become larger and denser, on section a glutinous fluid exudes, and in time a distinct cirrhosis results. Thus we get cirrhosis of the kidneys, of the liver, of the spleen, and even of the uterus.

This interstitial nephritis may also be accompanied by metastatic nephritis from embolism. This affection of the kidneys resulting from heart disease, especially valvular failure (but equally from any other cause leading to venous congestion), has been fully investigated by many leading pathologists.

The effect, says Fothergill, of venous stagnation on the kidneys, of structural changes, induced by venous hyperæmia, points out how very important it is to secure good acting power in the heart, not only for its own maintenance, but to avoid and delay as long as possible the venous congestion which inaugurates the renal changes. The importance of securing good ventricular contraction, of good circulation, is demonstrated unanswerably, and the therapeutic importance of that list of agents which induce increased ventricular contraction is enhanced. We have seen that heart failure is the turning point in the progress and prognosis of chronic renal disease, when a cause of heart disease; and now we see what a disaster im-

peded circulation from heart failure is in ultimately overtaxing the organ already enfeebled.

The clinical importance of avoiding venous congestion from heart failure, of improving the action of the heart by aiding in securing compensatory hypertrophy, or delaying, so long as may be, the venous congestion, no longer to be averted, is demonstrated only too clearly. In heart disease the appearance of albumin in the urine, with exudation casts, marks the inauguration of a secondary process, which will work evil, and that, too, in no long time. In a little while chronic Bright's disease, with all its consequences, is firmly established, and it may not be possible, always, to determine which lesion came first in the order of time. It matters not which has priority, the failing heart must be treated. The condition known as dropsy, when not idiopathically renal, is always due to a weakened heart. This weakness may be due to fatty degeneration or to dilatation from continued distention. So soon as there is failure in the heart's power we get deficient circulation. Limiting my remarks to the condition of the kidneys, the first effect of a deficient arterial circulation in these organs is venous congestion. In the first place, we get obstruction in the renal vein, and from that albumin and exudation tube-casts. But this is not all; venous congestion affects the nutrient branches of the renal artery and impedes the flow through them, interfering with the elimination of solids. While these positive results follow from venous congestion, we get, negatively, diminished bulk of urine. This does not result altogether from venous congestion, for the narrow continuations of the bloodvessels from the glomeruli, prevent its acting very strongly. It is chiefly the result of diminished arterial pressure. Venous congestion means diminished arterial pressure. The blood lying in excess on the venous side, the arteries are not as well filled, this tells on the arterial pressure, which results in diminished bulk of urine—thence dropsy. I have thus described the pathological condition in the kidneys that it may be clearly seen that in order to treat dropsy successfully, we must restore the heart to its normal power. We must make it force the blood into the renal arteries, until we get normal pressure therein, before we can increase the bulk of the urine. It will do no good, but rather make matters worse, if we give medicines which have a direct action upon the kidneys.

These are only useful in idiopathic renal diseases before the heart failure has set in. It is a notable and important fact, that all those medicines which are really useful in cardiac dropsy, are those which



by their physiological action increase the working power of the heart. Another notable fact is, that all these medicines were first known as diuretics and their influence on the heart was discovered later. The following medicines I will mention in the order of their value. In their early history they were classed as pure diuretics. Later investigations show that they do not affect the kidneys as diuretics, until they have increased the force of the heart's contractions, and the pressure of blood in the arteries, and removed the venous congestion. It may be asked, "Are they all strictly homœopathic to the conditions which result in cardiac dropsy?" I answer, "Yes."

I. Their primary effect when taken in pathogenetic doses, in healthy persons: abnormally increased action of the heart, increased blood pressure in the arteries, congestion (arterial) in all organs, and even aneurisms and extravasations from arterial capillary vessels.

II. This condition, if long continued, can result in no other than a reaction, or secondary condition, which is just as much a drug effect as the primary. While the primary condition resembles that brought about by an hypertrophied and thickened heart, the secondary state is similar to that in which the muscular fibres, unable to bear the strain, have become degenerated, and fail to contract with sufficient force to fill the arteries, resulting in venous stasis everywhere. Now, I hold, and have taught for twenty years, that this secondary state, caused by drugs, should be made the basis of drug selection, according to the homœopathic law, just as much as is the primary.

*Digitalis* is now, and will probably be for centuries, the principal drug in this category. You are all familiar with its action on the heart and the general system. You know that it stimulates the cardiac muscle to unnaturally forcible contractions, and that were it not for the power it possesses to contract, at the same time, the distal arteries, its extreme effect would be to cause active congestion, inflammation, and hæmorrhage in every important organ. This arterial contraction reacts upon the heart, increasing the strain on the walls of the ventricles, until they close in systole and death. But if this fatal result does not occur, the overstrained ventricles relax and dilate, their muscular tissues become thin and fail to fill the arteries. After this, the result is venous congestion and effusion of serum.

*Adonis* has an action on the heart and circulation similar to *digitalis*, and often acts in cardiac failure and its resulting dropsy, better than the latter.

*Convallaria* resembles both, and will often remove cardiac failure, when they have failed.

*Strophanthus*, the newest cardiac drug, has been used with very excellent success. It does not contract the arterioles as much as the others, and is considered safer in many respects.

*Apocynum cannabinum* has been used for a century as a potent remedy in dropsy, but it is only recently that its active principle, apocynin, has been found to be an energetic heart tonic, acting like *digitalis*.

*Cactus*, so favorably known to us, is a cardiac stimulant, causing veritable spasms of the spiral muscular fibres of the heart. It is largely used to combat symptoms similar to its primary and secondary effects, and in certain cases will remove cardiac dropsy with great celerity.

*Helleborus niger* was used among the ancients as a potent remedy in dropsy. Singularly, they relied as much upon its hydragogue as upon its diuretic effects. It is now well known that its alkaloid, helleborin, is a powerful cardiac stimulant in its primary action.

*Iberis amara*, although not much used, has a favorable influence in cardiac dilatation attended with dropsy.

*Scoparius* or "broom" is an old and valued diuretic. It was once the chief medicine in obstinate dropsies. Within a few years its alkaloid, sparteine, has taken a place alongside of *digitalis*, and shows in many cases a powerful action on the kidneys.

*Oleander* and its active principle, nearin, has been found to belong to the same class as the above, but it has not yet been used in disease. It is predicted that it will rival *digitalis*.

*Caffeine* is probably the most powerful heart-energizer yet discovered. In massive doses it will rapidly tetanize the healthy heart. In threatened cardiac paralysis, five grains every two hours has apparently snatched the patient from the jaws of death. In those cases of rapid heart-failure which sometimes occur in pneumonia, typhoid fever, and extreme dilatation, two grains every two or three hours has restored the force and rhythm of the heart in a short time.

*Sterculia* (xola), an African nut, which contains caffeine and theobromin, bids fair to rival any of the above. The time will come when the powerful alkaloids of all these cardiac medicines will be used instead of the crude drug.

#### THE UTERUS AND OVARIES.

It may seem strange that I should connect diseases of the uterus and its appendages with cardiac disorders. It is not so much the acute disorders, as the chronic, which I shall discuss. No one will



deny that inflammatory affections of the heart do have some influence on uterine pathology. We often find acute arterial congestion of the uterus and ovaries, acute hæmorrhage, and even dysmenorrhœa, aggravated by an enlargement of the heart, or even undue excitement of that organ.

Witness the subsidence of these conditions when the woman is put under the influence of such cardiac sedatives as aconite, cactus, *gelsemium*, or *veratrum viride*. But I will not further discuss this point, but proceed to the consideration of chronic maladies of the uterus. The scientific and talented Dr. Mary Putnam Jacobi, in a notable paper published several years ago, observed that "the first link in the chain of uterine pathology is venous stasis." To this cause, she asserts, are due the nutritive changes, the displacements, the flexions, many amenorrhœas, dysmenorrhœas, and hæmorrhages of various kinds, which attend uterine disorders. If you will recall what I have said of the changes in the kidneys, caused by venous congestion, you will more readily comprehend the above statement. Now, as in the kidneys, venous stasis of the uterus is not always due to a failing heart. It may originate in some local disorder, or traumatic condition. It may originate in suppressed menses, after miscarriage, or post-partum. It may be due to a sudden cold or powerful emotion, when the vaso-motor nerves are irritated, resulting in spasm of the arterioles. But these local states may finally result in heart failure, just as undue tension of the renal arteries may cause such changes in the kidneys as will soon result in Bright's disease.

While we are treating these acute disorders by aconite, belladonna, cactus, *veratrum viride*, aurum, or glonoine, we should be on the watch for that weakness of the heart, more common in women than in men, which so often attends the failing health resulting in any uterine ailment, for as soon as the circulation is weakened, the local disorder tends to become chronic. So soon as the heart loses its power of propelling blood freely and forcibly into the arteries of the uterus, pathological changes are sure to be perpetuated. If a weakened heart has anticipated any uterine disorder, that organ cannot long remain free from disease. In such cases, local treatment, no matter how skilfully applied, will do but little more than palliate. If a woman gets up from a miscarriage or confinement, with a loss of the heart's normal power, as she is sure to do if she has lost much blood, or has not been properly fed or nursed, the acute congestion of the uterus will change to venous stasis, unless we tone up the heart and increase the blood by means of iron and digitalis, china and nux

vomica, with nutritious food, fresh air, and proper exercise. If the local weakness results in retroflexion, the pessary will not cure until we restore the circulation to its normal force. That condition called areolar hyperplasia is the same as hyperplasia of the connective tissue of the kidneys. Both are caused by venous congestion. In the former we have scanty menses and sterility; in the latter, Bright's disease and dropsy. If there are structural changes in the heart, organic weakness and chronic venous stasis in the uterus and ovaries become fixed, rebellious to treatment, and often incurable. There are two points I desire to emphasize relating to treatment of chronic disorders of the uterus:

1. That in connection with proper hygienic surroundings, good diet, a pure air, and good climate, we should always prescribe some one of the known and trustworthy cardiac tonics. Those which have an affinity for the reproductive organ, as well as the heart, should obtain a preference. Among the most important of the latter class are *nux vomica*, *ignatia*, and the alkaloid common to both, *strychnia*. There is no drug which is a better energizer of the heart than *strychnia*. Under its use the hypertrophied and dilated heart decreases in size and increases in thickness. At the same time the tonicity of the uterus and its appendages is increased and the circulation in those organs equalized. *Convallaria* and *lilium tigrinum* come next in order. The former, as shown by recent provings, acts upon the heart similarly to *digitalis*, while it does not cause the same amount of arterial tension. It has also a specific action on the uterus and ovaries. During its primary action they are stimulated and congested. During its secondary action the heart becomes engorged with venous blood, making them subject to nutritive and structural changes. *Lilium* has a similar action, but is different enough to enable us to differentiate them. *Cactus grand.* has a specific affinity which is well-known to all of you. *Strophanthus* will, I predict, when better known and proven on the female organism, prove to be a valuable remedy in such cases. *Digitalis*, especially when associated with *strychnia* or iron, is of inestimable value in chronic cases, complicated with muscular atony or blood impoverishment.

2. The above remedies when aided by those medicines which have a specific affinity for the reproductive organs, like *sepia*, *calcarea*, *cimicifuga*, *secale*, *aletris*, *hydrastis*, and *viburnin*, enable us to treat successfully all the non-surgical diseases of the uterus.

I fear that I have not presented this subject as forcibly as I



should. It demands a more facile pen and a wider experience, but if I have given you food for serious thought, and a fuller appreciation of the value of restoring the normal integrity of the circulation, I shall be satisfied with my endeavor.

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### PROVINGS OF ZINCUM PICRICUM.

BY CHARLES MOHR, M.D.,

Professor of Materia Medica and Therapeutics, Hahnemann Medical College,  
Philadelphia.

(Presented to the Homœopathic Medical Society of Pennsylvania, September 18th, 1888.)

#### I.

LOUIS D. LIPPITT, Providence, R. I., æt. 20 years, single, medical student. Height, 5 ft. 10 in.; weight, 155 pounds; constitution, good; temperament, nervous; former diseases, pertussis, measles, varicella; normal pulse, lying 61, sitting 63, standing 72; normal respiration, 18; normal temperature, morning 97.7°, evening 98.6°; urine, 30 oz. per diem, yellow, sp. gr. 1019, acid, occasionally depositing uric acid crystals after standing several hours; stool, one daily; sac. lac. test, negative.

Drug—*Zincum picricum*, 6x trituration, 1 grain doses.

#### *Daily Record.*

*First day.*—Took drug at 8 A.M., and at 2.15, 5.15, and 8.15 P.M. No effect.

*Second day.*—Took drug at 7 and 10 A.M., and at 1, 4, 7, and 10 P.M. No effect.

*Third day.*—Took drug at 7 and 10 A.M. No effect.

#### II.

Grant M. Kistler, Mantz, Penna., æt. 22 years, single, medical student. Height, 5 ft. 6 in.; weight, 130 pounds; constitution, weakly; temperament, nervous; former diseases, measles and pneumonia; use of stimulants, occasionally drinks beer or porter; normal pulse, lying 60, sitting 66, standing 71; normal respiration, 18; normal temperature, morning 98°, evening 98.6°; urine, 50 oz. per diem, pale yellow; stool, one per diem, costive; sac. lac. test, band-like pressure in forehead and pain in cardiac region.

Drug—*Zincum picricum*, 6x trituration, 1 grain doses.

*Daily Record.*

*First day.*—Took a dose every four hours, and experienced the following symptoms: frontal headache with fulness of head; congestion of the eyes; cold sensation in the throat; drawing, tearing pain in the cardiac region; weakness in both extremities with marked prostration.

*Second day.*—Continued to take a dose every four hours, and note following effects: pressing pain in the forehead, which is better from motion; giddiness; pain in the cardiac region, of a sharp, cutting character, as if some instrument were driven into the apex, worse on sitting still, better on motion; tearing pain in the epigastric region.

*Third day.*—Took four more powders at intervals of four hours: pressing pain in the forehead still continues, and is worse when sitting still; frontal headache; dilated pupils; tingling sensation in the tongue, extending down the throat; pain in the cardiac region, better on motion; pain in stomach, with nausea.

*Fourth day.*—Was restless during night. No further effects.

## III.

Malvern J. Lyon, Atlantic City, N. J., æt. 29 years, married, medical student. Height, 5 ft. 9 in.; weight, 150 pounds; constitution, good; temperament, nervous; idiosyncrasies, very susceptible to colds from slightest draft of air on head, and producing occipital headache; former diseases, measles, shingles, mumps, diphtheria; normal pulse, lying 63, sitting 70, standing 76; normal respiration, 20; normal temperature, morning 98.6°, evening 97.8°; urine, about four pints daily, sp. gr. 1022, excess of phosphates; stool, one every 36 to 48 hours, normally voided; sac. lac. test, negative.

Drug—*Zincum picricum*, 6x trituration.

*Daily Record.*

*First day.*—Took 1 grain at 1, 5, and 9 P.M. At 11 P.M. have dulness and heaviness of head; dizziness when rising from sitting posture.

*Second day.*—Slept well all night, and feel well this morning. Took 1 grain at 6 and 10 A.M. At noon my head aches; pains are post-orbital; teeth ache. At 1 P.M. felt a sharp pain for an instant in centre of left lung. At 2 P.M. took 1 grain. Walked to beach and suffered much with a not uncommon form of headache for me;



pain is aching in character, extending from base of orbits to occiput, worse when attempting to read or study, or when in the sun. From 4 to 6 P.M. had slight nausea. At 6 P.M. took 1 grain. Headache continued as already described, with slight nausea until bedtime. Could eat no supper. Temperature at 11 P.M., 97.3°.

*Third day.*—Arose all right after a good night's sleep. Took 1 grain at 7 and 11 A.M., and at 3 P.M. went out for a walk, was caught in a shower, and ran hard to escape a wetting. After stopping felt a severe and sharp pain in left lung, with some pain in right lung. Took a drink of cold water, which created a very uncomfortable feeling in the stomach, and a sensation as if too much wind were in bowels. At 9 P.M. temperature was 97.5°.

*Fourth day.*—Retired at 1 A.M., after experiencing at irregular intervals since yesterday afternoon the sharp pain in the left lung. The pain was relieved by taking a full breath, and would begin again when the inspiration was not forced. Could not study with accustomed vim. Awoke at 7 A.M. without any symptoms.

#### IV.

Same prover, after an interval of eleven days, during which no symptoms were experienced.

##### *Daily Record.*

*First day.*—Took 5 grains at 9.30 P.M., at which hour temperature was 98.2°.

*Second day.*—Temperature 98.1°. Took 5 grains at 7 and 11 A.M. and 3 P.M. During a long walk felt a sharp stitching pain in region of right kidney, and soon after, at 5.30 P.M., a few sharp pains under left scapula. At 9 P.M., while out walking, had a sharp pain in the right ankle-joint come and go quickly.

*Third day.*—On awaking this morning, had a sharp pain in the inner canthus of the left eye, lasting nearly a minute, and soon after felt a dull pain in centre of left lung. Took 5 grains at 8 A.M., and went out riding. At 10 A.M., had a dull heavy pain in left lung, which continued for a long time, with short intermissions, and relieved by taking deep inspirations. (The lung pains are entirely new to me.) At 12 M., took 5 grains. At 3.30 P.M., felt a sharp piercing pain in the inner canthus of left eye again. At 4 P.M., took

5 grains; from 7 to 9 P.M., felt more or less dizzy, especially while engaged with my books and writing.

*Fourth day.*—Was awakened at 6.30 A.M., with a severe backache in region of kidneys, and found myself yet with the dull pain in the left lung. Took 5 grains at 7 A.M. From 10 to 11 A.M., had quite a severe frontal headache with now and then sharp pains in the right occipital region. Took 5 grains at 11 A.M. The headache still continues, and extends down the cervical region from the base of the brain; reading begins to affect the eyes. Took 5 grains at 3 P.M. Headache, which has assumed a neuralgic form, and which changes from region to region, now occipital and now frontal, lasted until 10 P.M., and became so annoying that I had to give up all work. Passed during early evening large quantities of clear, watery urine. Temperature at bedtime, 98°.

*Fifth day.*—Slept well all night, and am well this morning. At 11 A.M., took 5 grains. Had a severe colic at 2 P.M., for an hour, especially while eating dinner. After dinner had a very depressed feeling in both lungs, with, now and then, dull pains, relieved by filling the lungs with air. The pain in lungs lasted all the afternoon and evening.

*Sixth day.*—Those lung pains continue yet. Have had sharp pain several times to-day, just under the border of the left ribs in a line drawn from the nipple, especially when walking. Have had more or less dizziness to-day, but not enough to inconvenience me. Evening temperature, 98°.

*Seventh day.*—Was awakened at 6 A.M. with a dull, heavy pain in the epigastrium, as if I had eaten some indigestible food. Felt in a few minutes as if I would be driven to the water-closet, but managed to control the desire for a stool, although rumbling and perceptible peristalsis continued until 9 A.M., at which hour I evacuated the bowels of a very mushy stool, without pain. I never had a diarrhoea in my life, but since taking the drug, I notice that, daily, at 9 A.M., I have been driven to evacuate the bowels, and on some days have had a feeling as if I must go to stool more than once, but could resist the desire. The rumbling and uneasiness of the bowels have continued all day with, now and again, slight colicky pains. The dull pain in the lungs still continues.

*Eighth day.*—This morning the uneasiness of the bowels lingers with slight pain, but the amount of relieving flatus passed leads me to think that the trouble is about spent. No further effects.



## V.

Charles H. Wells, Philadelphia, Pa., æt. 28 years, married, dentist. Height, 6 feet; weight, 148 pounds; constitution, good; temperament, sanguine; idiosyncrasies, none; former diseases, none; use of stimulants, none; use of narcotics, none; normal pulse, lying 57, sitting 64, standing 72; normal temperature, morning 98.2°, evening 98.4°; urine, from 9 A.M. to 7.30 P.M., passed 18 ounces, color light, reaction acid; stool, twice daily, normal; sac. lac. test, negative.

Drug—*Zincum picricum*, 6x trituration.

*Daily Record.*

*First day.*—Took 1 grain at 8 A.M., and another at 12 M. Soon after second dose, felt a slight uneasiness in the stomach, a mixture of nausea and pain; slight pains, difficult to describe and locate, in different parts of body, with pain of a decided neuralgic character in head, and vertigo. Urine decidedly increased in quantity, and a feeling as if I must void it all the time. This urinary symptom is associated with a nervous feeling and bad taste, and yet with a desire to take food or drink constantly. Eating does not long satisfy the increased desire for food. Legs feel weak and heavy. Feel sleepy and indolent.

*Second day.*—The urinary increase continues, but the other symptoms have subsided, except the head symptoms and the weakness of legs and indolence. Pulse, 80; temperature, 98.8°.

*Third day.*—Urine still increased in quantity; bladder has a cleared-out feeling. Feel irritable; vexed if things do not go smoothly. Headache over left side of the dome of the skull. Belching, with a disagreeable taste. Pulse, same as before proving, but less strong. Temperature, 98.5°.

*Fourth day.*—No symptoms up to 9.30 A.M., and took 1 grain. Soon felt an uneasiness in stomach and some nausea. Later experienced little shooting pains through the abdomen and in region of stomach and liver. At 10.30 A.M. took another dose, followed soon by dull pain in head. In evening, all symptoms have subsided.

*Fifth day.*—Have no symptoms.

*Sixth day.*—Have a dull, sleepy feeling, and aching back of orbits, which reading increases. No further effects.

## VI.

Same prover, after an interval of several days, during which no symptoms were experienced.

*Daily Record.*

*First day.*—At 8.30 A.M., pulse was 60, temperature 98°. Took 2 grains at 8.30 A.M., and 2 grains at 9.30 A.M. Soon felt a desire to eat, with a nervous uneasiness in stomach, and an easily exhausted feeling. Looking at anything closely causes aching in eyeballs.

*Second day.*—On rising this A.M., felt a sharp, tearing pain extending through the left chest from above downwards; pain was so severe as to take my breath. No other symptoms experienced to-day.

*Third day.*—At 1 P.M., took temperature, and found it 98°. Took 2 grains at this time, and at 2.30 P.M. felt very sleepy and depressed, associated with a nervous uneasiness as if I could not keep still; head feels very heavy.

*Fourth day.*—Just after awaking and turning over in bed, felt an intense tearing pain across upper abdomen, seemingly through liver and stomach. Have a nervous irritation about bladder, with a feeling as if micturition would be a comfort, but, on attempting to urinate, cannot. Feeling of hunger associated with the bladder symptoms, but food does not seem to satisfy the craving. The quantity of urine voided to-day is about as usual.

*Seventh day.*—Since the fourth day have had a continuance of the desire to urinate from nervousness of the bladder, and, now and then, slight shooting pains in various parts of the trunk, with soreness of the nerve-endings.

*Eighth day.*—No effects noticed.

## VII.

Same prover, after an interval of five days.

*Daily Record.*

*First day.*—Took 3 grains at 7 A.M., when pulse was 60, temperature 97°. At 8 A.M., took 3 grains more, and soon experienced a dulness of the head, languor, and when looking intently, aching of the eyeballs.

*Second day.*—Took 3 grains at 8 A.M.



*Fourteenth day.*—Since taking the last dose, have frequently felt languid and depressed in spirits. The irritation at the bladder, with a desire to urinate, has been almost continuous, but, many times, only a few drops of urine are voided. Have also had slight, shooting pains in various parts of body, in head, behind sternum, in abdomen, and down the limbs. Have almost complete loss of sexual desire, and feel sure I would fail of an erection if coitus were attempted. At this stage of the proving I have deemed it wise to stop. The bladder symptoms, which have been the most persistent, are entirely new to me; I learn, on inquiry, however, that, in childhood, I had a weak bladder, having been subject to wetting the bed at night.

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### PULMONARY PHTHISIS.

BY W. C. GOODNO, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, Sept. 19, 1888.)

JUST as I was leaving home for my summer outing, my friend, Dr. Trites, wrote me a pleading letter, urging me to prepare a paper for presentation to the State Medical Society by the Bureau of Clinical Medicine. I did not promise one; but, in the solitude of a lonely beach, in New Jersey, fighting mosquitoes, I cogitated upon the objects of the medical society. Prominent in my mind arose the reflection that too much time is devoted to the telling of some "new thing" by specialists (all honor to them) and too little to the elevation of the mass of the profession to the present high plane of established medical doctrine and practice. With this thought dominating my mind, I have prepared a short paper upon that common disease, pulmonary phthisis, aiming, above all else, to impress the importance of its *early diagnosis and vigorous treatment*. Judging alone from the number of cases of this disease which attain advanced development before recognition, we think there must be serious hindrances in the way of its accomplishment or misconception regarding the manifestations of the early stage.

A few preliminary pathological considerations may be *apropos*. Phthisis is an inflammatory disease, generally chronic and involving ultimately all the lung tissues. Any or all the sequences of the inflammatory process may result, viz.: Consolidation, sclerosis, softening, ulceration, necrosis, calcification, etc.

The primary change may be catarrhal or consist of connective tissue changes, or both ; but, it matters not which tissue is primarily affected, both are soon involved, one, however, generally in excess of the other. Probably the bloodvessels or lymphatics are often first attacked, although the sheaths about the bloodvessels are lymphatic and the air vesicles themselves are now believed to communicate with the lymph system, and may be looked upon as lymph sacs. If this view be correct, inflammation of the lung, of the so-called catarrhal variety, possesses a close relationship to the lymphatic system. Changes in the several tissues appear in all conceivable degrees of relative combination. It may be concisely stated, however, that the more acute the progress of the lesion, the more will the changes be found to be catarrhal, with a tendency to the production of a coagulable exudate ; and the more chronic, the greater will be the connective tissue hyperplasia. The rate of progress varies within wide limits. Periods of latency may last for months or years.

*The progress is in waves.* It may be characterized as a series of inflammatory storms sweeping over the pulmonary structures, each succeeding storm leaving a greater wreckage of tissue and hope. I wish to emphasize the statement that *the disease has a small beginning*. While the first wave may destroy life, it is generally a little one, and often, very often, is not discovered. Only the slight commotion of system, so apt to be attributed to some other cause, may be noted. I have taken considerable pains in post-mortem examinations of the lungs of persons supposed to be free from pulmonary disease, and have discovered an unexpected number of lesions. Heretofore but little attention has been devoted to the examination of lung tissue unless evidences of lung disease have preceded death ; and, unfortunately, autopsies, as usually performed in such cases, result in the overlooking of lesions unless readily discoverable upon casual inspection. I have found lesions consisting of small areas or knots of tissue firmer than the surrounding structures, varying in color and generally closely connected with small bronchial tubes. Microscopically the air vesicles are shown to be choked with desquamated epithelium, the connective tissue of the part thickened, and the bacilli of Koch present in most, even the smallest solidifications, while larger consolidations often possess few or none. I am far from claiming that all of these lesions are phthisical, but I do contend that macro- and microscopically they possess the same general characteristics as phthisical lesions, with the exception of the inconstancy of the bacilli ; and that, unless we acknowledge these as the only



differential test, we cannot always separate them. In reference to this test it must be confessed that the bacilli are not invariably present in cases presenting pathological and clinical evidences of phthisis. If, then, bacilli are sometimes present in lesions of doubtful character, as, for instance, in the late stage of broncho-pneumonia and in pleurisy, without a history of previous lung disease, and in small lesions found after death without earlier suspicion of phthisis, and absent (rarely) in persons manifesting full evidence of the disease in question, had we not better practically consider all these lesions as phthisical?

The causation of this affection is a question of exceeding interest. That it is a disease of civilization, a common outgrowth of gradual vitiation of the nutritive powers, perhaps excited by a germ, seems to be common belief. However this may be, the practical thought I would press is that *inflammation and its sequences are the essence of pulmonary consumption*. The infrequency of favorable therapeutic results depends upon the structural peculiarities of the tissues involved and the nature of the inflammatory products (epithelium and connective tissue), the former, the principal hyperplastic element in the early stage, admitting of but a slight degree of absorption, *mechanical removal* being our principal resource. Connective tissue hyperplasia, if in moderate degree, causes little disturbance, even if permanent, provided the proliferated epithelium has been emptied from the alveoli. Whatever the *role* of the bacillus of Koch, it has altered our practical attitude toward the disease but little. Its widespread distribution in lung lesions, but notable absence in a few instances, which all (aside from this test) would consider phthisical (and, as I have observed, its presence as well in the small, unsuspected atrophic lesions, as in the more extensive and progressive changes), diminish, in our opinion, its practical importance. My own experiments have demonstrated some degree of aerial transmission of bacilli from one individual to another without frequent development of phthisis. Undoubtedly we all inhale bacilli, escaping the results of their action probably on account of our well-nourished tissues. That nutritive state which repels cannot be exactly defined. We call it good health, the absence of the scrofulous or phthisical habit, etc. However, as far as we can judge of the presence of good health by tissue and organic perfection and a correct physiology, not always does it resist the dreaded disease; for persons who appear to be in good health and free from hereditary tendency develop phthisis as a sequence of slight causes—causes which appear to be in common operation as

excitants of inflammation of a non-specific character. This leads us to speak of the firm popular and professional belief in heredity. That pulmonary phthisis occurs oftenest in persons with impaired nutrition, whether developed or inherited, goes without the saying; and that the character of malnutrition favorable to the development of a low form of inflammation, such as forms the essential feature of phthisis, occurs oftenest in the children of consumptive patients, is certain. In this sense only is the disease hereditary. But that marked evidences of a diathesis are present in the true incipient stage we emphatically deny. After making a diagnosis of beginning phthisis, I am frequently met with expressions of doubt because the patient does not present this habit. The hold which this diathesis has upon the professional mind is strong and its results only pernicious. It leads to the overlooking of lung lesions until they are extensive and constitutional deterioration has furnished what the practitioner has been looking for in vain—an anæmic, diathetic state. Then it is generally too late to materially benefit the patient. Were we to live up to our knowledge in the early diagnosis and treatment of phthisis, most cases would recover and the disease soon be relegated to a less important position.

*Early phthisis cannot be positively diagnosticated from symptoms alone*, although several are highly suggestive. The temperature range is most important. When we find a person manifesting for some time a slight afternoon or evening rise, with, as is often the case, an early morning subnormal temperature, we may have very strong suspicion that mischief has begun. It may seem gratuitous to many for me to remark that the thermometer is the only means of determining these temperature fluctuations; but a very little observation will convince any one of the great neglect of systematic, careful thermometric observations. I have records of persons who have presented such temperature fluctuations, increasing, decreasing and intermitting for years. I would caution against the tendency among us to *explain away* this symptom, to attribute such fluctuation to some disorder of a simple character, for some coexisting lesion or disturbance often overshadows the feeble, early expressions of this malady.

At the present writing I have in charge two ladies, æt. respectively 27 and 34 years, neither of whom has ever had hæmorrhage, marked cough, expectoration, chest pains, club fingers, marked emaciation, diarrhœa or hereditary title. (All parents living and in fair health.) Both are neuralgic. One has membranous dysmenorrhœa, horrible



vaginismus and occasionally tic. The other has severe neuralgic attacks and a feeble heart. Neither is subject to "colds," but the temperature rises occasionally, and a very slight hacking cough may appear, barely noticeable. They waste, grow feeble and miserable. Sea air reduces the temperature of both. Limited and increasing consolidation is to be detected in the lungs of both, with, at times, the rales of localized bronchitis. Cough is usually prominent; but I have often seen patients, who have been long failing with symptoms which had been attributed to all sorts of lesions and conditions of health, who were really sufferers from incipient phthisis, the lung disease having been overlooked on account of the slight degree or absence of cough, expectoration, etc.

Loss of weight bears a close relationship to the temperature and disorders of the digestive apparatus. Later, of course, many factors conduce toward this result. Blood-spitting is certainly highly indicative, but comparatively seldom occurs in the very early stage we are now considering.

Blood-spitting and, less frequently, pulmonary hæmorrhage, are claimed to occur prior to evidences of consolidation. My experience has led me to consider it a rare precedent. An interesting case in point is that of Mr. M——, æt. 39, who came to me, in the fall of 1878, for an attack of slight blood-spitting, which had continued for several days. He was a man of splendid physique and the best of habits. His skin was ruddy, temperature and pulse normal, and he said he felt well. A most careful physical examination failed to detect disease of the lungs, heart or any other organ. This gentleman has been under my care ever since, and has had five attacks of hæmoptysis, one being quite free. About two years after the first attack slight consolidation could be detected above the right clavicle, and soon afterwards a small area about the second right rib anteriorly. Indications of anæmia now appeared, the two slight areas of consolidation merged and slight retraction of the chest wall followed. Some failure in flesh and strength and occasional attacks of diarrhœa were also among the symptoms. For several years improvement has gradually progressed with, at present, good health. There are simply the signs of consolidation and retraction remaining.

Whether hæmoptysis was here the initial symptom or an attendant upon a small lesion surrounded by enough healthy lung to mask the signs of solidification, is a question that must remain unsolved.

If the history and symptoms in a given case lead to suspicion of pulmonary disease, we apply the crucial tests for determining the

presence or absence of elastic fibres and the bacilli of Koch in the sputum, and by means of physical diagnosis search for the signs of altered lung structure. While the examination of the sputum is a simple matter for the expert, it is beset with difficulties, and the results are unreliable, if the steps are carried out by one not skilled in microscopical technique; therefore most general practitioners are limited to the employment of the general methods of physical diagnosis. This evidences the importance of a familiarity of the most practical character with this subject.

I cannot refrain from urging upon all the necessity of an intimate acquaintance with the normal chest, best taught by that prince of physical examiners, Austin Flint, in his several manuals upon this subject. It is the necessary starting-point for a study of the abnormal. Few, however, are those who have ever systematically studied a single healthy chest. I would also call attention to the importance of the examination of certain neglected regions which often give us the evidence we seek. These are *above* the clavicles, in the axillæ and along the upper inner edge of the scapulæ. To facilitate the examination of the posterior surface of the chest, have the patient examined place the hands upon opposite shoulders and lean forward, thus separating the scapulæ and thinning and making tense the posterior chest-walls.

In respect to instruments, I think the unaided ear generally preferable to any stethoscope, but the mallet and pleximeter are more satisfactory than the finger for percussion purposes. Hurried examinations and those made with more than one soft thickness of flannel over the chest are unsatisfactory.

We are apt to forget that an appreciable degree of dulness upon percussion is only present after considerable consolidation of lung tissue has taken place. More important, in the earliest stage, are alterations of the respiratory sounds and the presence of the rales of localized bronchitis.

In concluding, I desire to urge upon you the importance of the subject I have brought before you. Could I broach one possessing more of interest to our patients, our families, or ourselves? One-seventh of all deaths are due to this fell destroyer. It claims the brightest and best, ending many of earth's bright dreams.

Abandon that infernal, unwritten law of silence toward the sufferers in the early stage of the disease, growing largely out of the doctrine that phthisis is a specific, incurable disease.



Do not be "paralyzed" by a little consolidation. Recognize its great frequency. Hunt for it in all cases presenting a suspicion and rather err upon the side of finding it. Treat it energetically, persistently. Never relax until all signs of activity cease, and then watch that it be kept down.

Just in proportion as we are led away practically from the doctrine that phthisis is simply a low form of inflammation with a great disposition to spread and terminate in miliary tuberculosis, and that it is an inflammation which may occur at any time, in any one, irrespective of previous condition of health, and that it is an inflammation with but slight tendency to absorption of the inflammatory products, the further we are led from the correct principle of treatment.

Below will be found a slight analysis of 52 cases of phthisis. Part of this number are under treatment. Some are at home, many at various resorts for climatic influences, and the remainder are patients, or rather members of families to whom I am physician, but who are not receiving or are neglecting medical advice for their lung lesions on account of latency or slight character of the accompanying symptoms. Nevertheless, they furnish valuable material for the determination of questions relating to heredity, etc.

Of this number :

About 5 per cent. are *in extremis*.

Twenty per cent. have extensive lung consolidation, and one-half of this number present cavities and symptoms of advanced phthisis.

About 22 per cent. have well-marked consolidation, with general symptoms of the disease which none well qualified could doubt.

The remaining 53 per cent. have varying degrees of slight solidification, with more or less suspicious symptoms.

Of the total number only about one-fourth present the appearance so many consider indicative of phthisis. An equal number are apparently in good health, judging by color, flesh, ability to exercise, etc.

Heredity would be claimed in about one-half, but is not strong in more than one-third.

About 20 per cent. have constitutional deterioration out of proportion to the local lesion, and in a rather larger proportion, cough, expectoration, blood-spitting, even profuse hæmorrhages, are not attended by marked disturbances of nutrition.

## REMARKS ON THE ANTISEPTIC TREATMENT OF CARBUNCLE AND KINDRED INFLAMMATIONS.

BY WM. B. VAN LENNEP, A.M., M.D., PHILADELPHIA.

(Read at the Annual Meeting of the Pennsylvania State Homœopathic Society, Sept. 19th, 1888.)

WITHOUT entering into a discussion concerning the similarity or identity of these inflammations, carbuncle, furuncle, etc., I shall consider them, for the sake of treatment, as one.

Again, nothing need be said as to their causation and pathology, whether due to micro-organisms or not, whether these are distinct or the same, farther than that they are all characterized by a virulent inflammatory process, resulting in a more or less extensive slough formation. This necrosis is to a certain extent due to pressure, but it undoubtedly differs from that found in some inflammations whose location under firm unyielding structures explains the consequent tissue death; for example the so-called "bone felon." Occurring, however, as they do, in soft parts, we must look rather to the virulence of the inflammation as the slough producing element, while their rapid local spread, the frequent lymphatic involvement, both vascular and glandular, and, in instances, their more or less general dissemination in neighboring as well as distant parts, would indicate a highly active, if not a specific poison, as the exciting cause.

Acting on the prevalent germ theory of to-day, it behooves us to attack this poison with powerful germicides or antiseptics, agents that will kill thoroughly and rapidly. Again, in view of the intense pain usually present, we should strive to use an agent that is, if possible, a "pain killer" as well. Finally, a "permanent" or rather long-lasting dressing should be applied under which healthy granulations can fill the solution of continuity.

Mercuric bichloride is probably the most active germicide, but we are all familiar with the intense and long-continued burning that follows its application in any strength. Carbolic acid, on the other hand, has long been used to deaden surfaces to which nitric acid is to be applied, the burning sensation produced being but momentary and followed by a more or less continued numbness. It forms furthermore a rather superficial slough, and does not eat to a dangerous extent, a fact, however, rather against its efficiency. To act rapidly and thoroughly as a germicide this drug must be used in considerable strength, this being the main cause of its decadence among the antiseptics.



I cannot better illustrate this method of treatment than by briefly outlining a few cases.

In April last, I saw with Dr. Gumpert of this city, the largest carbuncle either he or I had ever met with. The man, over sixty years of age, was rapidly failing, the temperature was over  $103^{\circ}$ , the pulse rapid, weak and small. On the back of his neck was an immense cavity into which both open hands could have been easily placed, surrounded by unhealthy, extensively undermined edges. It extended from ear to ear, up under the scalp nearly to the vertex, and down the back to both scapular spines. The whole surface was covered with ugly sloughs in different stages of separation, several large ones protruding from beneath the scalp flap. The destructive process had involved all the subcutaneous fat, and, going deeper, had dissected out a number of the muscles. There was an abundant discharge of unhealthy pus and the characteristic stench, but, above all, the patient suffered from the most agonizing pain, for the relief from which he pleaded most piteously. The treatment had been, in the main, poultices, washing with weak carbolized solutions, and a well-selected remedy, with stimulating diet; the sloughs had been, from time to time, dissected off as they became loose, but this had been followed on the previous day by a severe hemorrhage. With such an extensive surface to treat I feared the too free use of carbolic acid; the upper and lateral portions, where the process seemed active and spreading, threatening important structures and localities and the pain was the most complained of, were accordingly painted freely with a 30 per cent. mixture in glycerine. The same was lightly wiped under the remaining edges and around some of the sloughs which were cautiously and sparingly snipped off. Iodoform was blown on, and the whole cavity packed with gauze of the same (50 per cent.), care being taken to push it into every crack and crevice. In subsequent dressings, to avoid toxic symptoms, the iodoform insufflation was discarded and a weaker gauze substituted (10 per cent.). Cotton in abundance was put over this and a gauze bandage held the whole in place. He was urged to wear the dressing for three days at least, more cotton being bandaged on as the discharge came through.

The pain ceased immediately and did not at any time recur. He slept well, his appetite picked up, his temperature came down, and his pulse gained volume and strength. The discharge of course was tremendous, and the stench almost unendurable. On the third day, when the dressings were removed, a number of the sloughs were

found to have separated, and the whole surface was bathed with healthy pus. The dressings were changed every two to four days for about three weeks, when Peruvian balsam was substituted. He made an uninterrupted recovery. When seen a few days since, the cicatrix was good, and there was no deformity from contraction of the same.

Another case, treated in my out-patient department, at the Children's Hospital, was seen at a much earlier stage. The carbuncle was situated between and a little below the scapulæ, and was, roughly estimated, about four inches in diameter. It had the characteristic honey-combed appearance, was intensely painful and accompanied by the usual prostration and systemic disturbance. Several of the openings were united by incisions, the whole interior thoroughly wiped out with crude carbolic acid, and a dressing applied as in the former case. He was directed to wear it, if possible, a week, and, his condition being so poor, to go to bed and be visited by one of the out-door staff. Relief was immediate, and he was able to come to the dispensary regularly.

These two cases typical of the early and advanced stages will, I think, suffice to exemplify this method of treatment as applied to carbuncle.

I had the good fortune, some time since, to try this treatment on a medical friend for a similar inflammation, and his description of his sensations has been to me very interesting. He had poisoned himself at an autopsy, the point of infection being the right ring finger. Knowing the sad experience of some of my colleagues with similar accidents, I was very anxious to give carbolic acid a trial. The dorsum of the thumb and adjoining portions of the hand were much swollen and red, there being however no localization or sign of fluctuation. The characteristic lymphatic implication was present, *i.e.*, red streaks up the arm and enlarged sensitive glands, and two small abscesses were forming on the left side of the face and neck. These were slit open and wiped out with strong carbolic solution. They gave no further trouble. A large flaxseed poultice was applied to the hand, and on the next day an intensely painful doughy mass, about the size of a walnut, developed on the dorsum of the thumb. This mass was freely incised, and found to contain a firm adherent slough. Carbolic acid, 50 per cent. in water, was injected and thoroughly rubbed in. The doctor likened the sensation to a coal of fire, for about a minute, after which the pain ceased suddenly, entirely and permanently. Iodoform dressings were used as in the former cases.



The temperature, which had been ranging from  $101^{\circ}$  to  $103^{\circ}$ , came down rapidly to normal. The recovery was uneventful. The doctor noticed one symptom which has since led me to change the after-treatment in some cases, *i.e.*, that the hand felt as if it "ought to be dressed" at the end of forty-eight hours. The dressings were found to have caked, and this would seem to occur where the lesion is small or the discharge scanty. With this single restriction I cannot insist too strongly on long dressings in these cases.

I was first led to use carbolic acid for these inflammations about two years ago when I met with a sort of epidemic of furuncles, notable for their number and recurrence. To prevent their spread the first boil or crop was incised crucially and wiped out with carbolic acid, either crude or in strengths running down to 50 per cent. in glycerine or water. I have since had occasion frequently to repeat this treatment with good results, and to extend its application to kindred conditions, *i.e.*, slough-producing inflammations: to carbuncle and the results of all kinds of poisoned wounds, as in the cases prescribed; to neglected abscesses, as those so frequently met with in the palm; to gangrenous masses, etc. Also, in several instances, where the scraping of a softened scrofulous gland has been refused, very nice healing has followed the use of the acid.

Carbolic acid has received considerable attention in this connection of late.

Dr. Bidder reported to the Berlin Medical Society (*Berliner Klinische Wochenschrift*, No. 14, 1887), one hundred cases of furuncle treated by parenchymatous injections of 3 per cent. carbolic solution. The needle is pushed into the core from the side, in from one to four places, and from a few drops to a half or a whole hypodermic syringe-full injected each time. Cloths wet with the same solution can then be applied. He says some of the fluid escapes through the fistulous opening, from which it must be inferred that he waits until the boil has burst. The introduction of the needle he found very painful, but a numbness soon followed. A burning and stinging sensation is felt later on, but by the next day the patient is practically well, absorption of infiltration and healing being soon complete. He found incisions unnecessary. Other experimenters have since discarded this treatment as entirely too painful. In the discussion that followed, Guttman called attention to the great sensitiveness of the pathogenic micro-organisms of furuncle, the *staphylococcus pyogenes aureus* and *albus*, to carbolic solutions. Von Bergmann recommended

early incision to prevent spread and destruction, and Lassar scraping with the sharp spoon, which he claimed was not particularly painful.

Verneuil, in a communication to the Paris Academy of Medicine, January 17th, 1888 (*Revue de Chirurgie*, February 10th, 1888), recommends the use of phenic acid spray in carbuncle and furuncle. He discards the large incisions, excision, caustics and the thermo-cautery, and from a number of observations, claims this method will immediately arrest the pain and cause resolution or even abort the affection. He uses a 2 per cent. solution, and sprays for about two hours daily in from two to four sittings. Compresses wet with the same are applied in the interval. In the discussion of the paper on January 24th, the opinions differed. Some attributed the results to the tepid spray, others again doubted that such weak solutions could have either antiseptic or anæsthetic effects.

Acting on this suggestion I tried the spray in a case of diabetic gangrene I saw some time since with Dr. R. C. Smith, in which pain was a prominent and very intractable symptom. The relief was of but short duration after each application, and absorption was soon made apparent by the urine. Nothing in fact, antiseptic or not, would arrest the process until the proper diet caused a disappearance of the sugar. Verneuil's two failures were in cachectic diabetics with severe anthrax and serious complications.

English surgeons, on the other hand, seem to have been more interested in the question of erosion, *i.e.* excision, combined or not with scraping. Paget's advice "to do nothing locally" has been discarded, and, instead of merely keeping up the strength, active, radical and rational local measures are being experimented with.

In the *British Medical Journal* for March 24th and 31st, Parker, Owen, and Page recommend erosion, the former by excision aided by scraping, and the two latter by scraping alone. They condemn the use of caustics. In the same journal (April 7th, 1888), Mr. Henry Lowndes, of Liverpool, advocates milder treatment, the above being, in his opinion, too severe for ordinary cases. He has treated carbuncle for some years by injecting, three or four times a day, a 1 to 40 solution of carbolic acid. This is begun as soon as an opening, however small, appears. In the interval it is covered with a rag soaked in the same. The slough ceases to extend, wastes to shreds, and swelling and hardness disappear.

Mr. Teale (*Liverpool Medico-Chirurgical Journal*, January, 1888) recommends scraping for carbuncle; the same to be supplemented by smaller crucial incisions and scrapings in the contiguous carbuncular



skin. The resulting cavities and crevices should be well soaked with pure carbolic acid or its glycerole. Iodoform and an absorbent dressing complete the treatment.

Dr. Robert F. Weir (*Medical Record*, July 14th, 1888) reports five cases of carbuncle; four treated by incision and scraping, and one in which he supplemented this by injecting 1 to 20 carbolic acid into the reddened tissue beyond the reach of the spoon. Eight or ten drops of the pure acid were thus used without producing constitutional effects.

Dr. Chappel, in the same journal (June 9th, 1888), writing on the treatment of carbuncle by carbolic acid, speaks of the difficulty (noticed by ourselves) of introducing the needle and making the injections into the hard inflamed tissues. He has used pure carbolic acid locally "with gratifying results." In the early stages a daily application of a few drops will arrest the process. When the disease is more advanced he introduces into each suppurating point one or two drops, painting the intervening tissue with the same, and repeats this procedure daily for three or four days. By this method he has aborted every case that presented early, and the more advanced ones have responded and improved from the first application.

He has not had an opportunity to employ this treatment "in those severe cases where the necrosing process has extended many inches under the skin, and would hesitate to apply pure acid to such a large surface at one time." He proposes to treat a small surface each day, or to employ a weaker solution of the acid. My first case comes to the point here.

This method comes nearest to my idea of the best treatment, plus incision and with but one single application of the acid in suitable strength, to be repeated only if required. While I have never found it necessary to have recourse to the more radical operative procedures, I should not hesitate to use them if, at any time, the plan I have mentioned fails.

To sum up, it seems to me that to be efficacious, carbolic acid should be used in considerable strength, not less than 30 per cent. to 50 per cent., or at times, the crude drug, when there is no danger of toxic absorption in consequence. It may be well to bear in mind that the mixtures with glycerine are less active than those with water. Too much stress cannot be laid on its anæsthetic effects. The application of the acid should be combined with incisions to relieve tension and allow exit for discharges. I have employed this treatment, and from what I can infer all writers have done the same, only

when the boil was ripening or the carbuncle had begun to show its characteristic openings. Verneuil's method may be of use before the inflammation has become localized, before pus or sloughs have formed. The spray can be alternated with cataplasms soaked in the same solution. It is certainly worthy of a trial, inasmuch as he claims that it has in his hands aborted the disease.

I have no doubt several of my colleagues have given this treatment a more or less extended trial, and I trust the ensuing discussion will throw some valuable light on the management of this very painful and at times intractable, destructive and even fatal class of inflammations.

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### A CASE OF FATAL HÆMORRHAGE FROM THE TONGUE.

BY H. K. HOY, M.D., BELLEFONTE, PA.

ON May 29, 1888, a boy aged about three years fell from a sofa to the floor. In falling he injured the dorsal surface of the tongue. Blood oozed from the wound, drop by drop. This hæmorrhage, which the parents regarded as insignificant at the time, continued all night. On the following day the family physician (an eclectic) was called. He made strenuous efforts to check the hæmorrhage by means of the most approved styptics, but to no purpose. The blood seemed to have lost its power of coagulating, and the tissues were non-contractile. Upon my being asked for advice by the doctor, I suggested the administration of china 3x, and the application of sutures. He replied that he was afraid that the hæmorrhage would be as great from the needle-holes as from the original injury.

Early on the morning of June 1, I was called in to assist in arresting the hæmorrhage. Upon drying the tongue carefully, all that I could see was a small straight cut about one-eighth of an inch in length. The wound could not be seen at first after drying the surface, it being necessary to its discovery to see the blood ooze from between the edges. The flow was gentle and slow; it did not seem that an artery had been cut. I again suggested the application of sutures, and the administration of phosphorus in a high potency. The phosphorus was given, but the family physician was still afraid to insert the sutures. In its place he suggested cauterization with the hot iron. To this I assented; so cauterization was done. For awhile the hæmorrhage moderated; but in an hour the blood was



oozing about as before. By this time the child was very much exhausted from loss of blood. He realized nothing that was done while we were working about him. Feeble respiration and a rapid weak pulse were all the evidences of life he gave. The application of sutures was then agreed upon. I accordingly put in two sutures with a very fine needle, allowing the silk to remain in the wound doubled. The hæmorrhage was now controlled, and we were correspondingly happy.

Early on the morning of June 5th, the doctor again called me on account of a return of the hæmorrhage. I could not respond to the call, and told him that with the assistance of those always with the child he could insert the sutures himself. He did so. The next day I was again called, and found blood oozing, not from the part where I had inserted the sutures the first time, but from the front part of the surface cauterized—the surface cauterized naturally covered more surface than the original wound I have described. I took out all the old sutures and put in two new ones. Blood continued to come from what seemed to be the exit of one of the sutures, so I concluded that I had drawn the silk too tight. There was great difficulty in putting in the sutures at this time, as they of necessity must be tied over some portion of the surface that had not gotten thoroughly solid from previous cauterization; we feared new trouble from cutting into this tissue with the silk. My next effort was to introduce the sutures and to tie them over small compresses of surgeon's lint. This slowed the hæmorrhage, but did not control the oozing which continued all the night without notice of the same having been sent to me.

I ought to say, that during the several days following the introduction of my first sutures, the hæmorrhage was completely controlled, and the child revived wonderfully. He took milk freely, and was able to walk about the room.

I had determined upon other expedients should the report of my last efforts be unsatisfactory; but at this juncture, we were relieved of the charge of the case by two old-school physicians. They at once resorted to acupressure, using for this purpose a large needle; but it failed to do any good. The hæmorrhage continued from the seat of the original abrasion, and also from the points of entrance and exit of the acupressure needle, until June 10th, when the child died. Other measures employed by them were styptics, but, as already stated, to no purpose.

The family physician tells me, that some time ago the child re-

ceived a small cut on the forehead which gave rise to very troublesome bleeding which lasted three days.

I had had some other experience with this family, in the case of an aunt of this child for whom I extracted a tooth several years ago. It was a lower molar. I extracted it under chloroform at her home, at about 3 P.M. I thought that it bled very freely at the time. At 10 P.M., I was hurriedly sent for. The hæmorrhage had continued. The patient was in a fainting condition; her face was blanched, her lips pale, and her ears like wax and cold. Not having then heard of plaster of Paris in such cases, I applied Monsell's solution on cotton, and rubbed into a sponge and packed into the cavity, first one and then the other. In spite of this the blood oozed out by the side of my packing. I went for assistance, but was unable to obtain it. On my return the jaws were rigid, and the mouth filled with hard coagulated blood, while the hæmorrhage still continued. I tamponed and worked with the case until I was disgusted and the patient nearly dead. Towards morning I went home, promising to return soon. On my return, the bleeding had ceased. I felt rejoiced, and expected, of course, that I would get full credit for the successful result. I attended the patient until she had fully recovered. Imagine my chagrin when I was told, months afterwards, that, upon my departure that night, a "pow-wow woman" was called in. She "pow-wow'd" the hæmorrhage, which soon ceased. With many, she got all the praise for stopping the bleeding, while for me was reserved only the fee.

These people had a peculiar hæmorrhagic tendency. Might phosphorus, or some other drug, not work out a regeneration? Who will tell me what to give, and how to give it, in similarly constituted patients?

#### ANTISEPTIC OPHTHALMOLOGY.

BY F. PARKE LEWIS, M.D., BUFFALO, N. Y.

(Read before the Homœopathic Medical Society of the State of New York.)

SOME years ago, a young lad presented himself at my clinic, in the Buffalo Eye and Ear Dispensary, with a small foreign body in the cornea. He was a machinist, and, in hammering, a chip of steel had glanced into his eye. The accident was a common one,—hundreds of cases of like character have appeared on our record books. An examination revealed the fact that the fragment had punctured Bowman's membrane, and was lodged, though not deeply, in the *substantia propria* of the cornea. It was before the days of cocaine, but the removal was effected without difficulty, leaving, as is quite usual under such circumstances, a small patch of denuded epithelium. The young



man was sent away with instructions to bathe his eye in cold water if it should become in any degree irritated, but no difficulty was apprehended.

In every respect the injury, the treatment, and the apparent conditions were quite such as were of almost daily occurrence. The spud with which the piece of steel was removed was taken from my own surgical case in which the instruments are always kept in as perfect condition as possible. The next day, however, the young man appeared, complaining of discomfort in the eye. The cornea, it was found, had not been repaired, and a small gray patch was seen where the steel had entered. I felt a little concern at this, and gave some suitable applications to cleanse and relieve the eye, with directions on no account to fail to come to me the next day. The following morning half of the cornea was filled with pus. The gravity of the situation was evident. Some septic matter had entered the wound, and was destroying the tissue with fearful rapidity. I kept the young man in my office during almost the entire day, using every method with which I was acquainted to stop the progress of the necrosis. By noon two-thirds of the cornea had become involved, by night the tissue had sloughed, and within forty-eight hours from the beginning of the process, the eye was ruined.

I have recited this case for the purpose of showing how a strong healthy young man, without any apparent dyscrasia, may, by the introduction of pathogenic germs, develop a condition within a few hours, against which we can hardly hope to contend successfully.

The careful investigations which have been made during the last decade, have established, almost beyond question, the fact that many diseases which were supposed to be due to constitutional causes, are the direct results of the introduction into the system of certain septic forms or substances; and in the domain of ophthalmology the acceptance of antiseptic methods has certainly resulted in a largely increased percentage of successful results. Operations are now attempted within the globe that have not heretofore been thought practicable, and they are rendered possible by taking only such preliminary precautions as are now deemed imperative by every judicious surgeon.

No careful operator, for instance, will make a cataract extraction during the existence of a lachrymal catarrh, and almost every oculist of to-day, before opening the eyeball, will thoroughly wash out the conjunctival sac with some antiseptic solution.

The infectiousness of infantile ophthalmia is generally recognized, but it still furnishes annually a large quota of those who fill our asylums for the blind. Its antiseptic treatment—and by this is some-

times simply meant frequent cleansings with pure water—robs the disease of its terrors, and, if taken in time, makes it one of the most tractable and manageable of the diseases which we are called upon to treat.

Under the care of an intelligent physician the loss of an eye in this disease is only under the rarest circumstances justifiable.

Even phlyctenular ophthalmia, though usually scrofulous in its origin, can be mitigated and modified by cleanliness.

It is, however, of the vicious ulcers of the cornea, to which I have referred, that I wish particularly to speak.

They are usually dependent upon some traumatism, and when first seen a greater or less extent of corneal tissue is often found to be suppurating. At this period one of the most valuable local adjuvants is the peroxide of hydrogen.

I generally use it in  $\frac{1}{3}$  or  $\frac{1}{2}$  strength solution, making as frequent instillations as the condition may seem to demand.

A sublimate solution of the strength of 1 to 6000 is also frequently of value, but I have found that these two solutions do not act favorably together.

Should considerable inflammation obtain, the ocular conjunctiva become injected and the lids swollen, great relief may be afforded by hot fomentations. Indeed, at almost any stage, bathing with hot water may be found very useful. When the more acute symptoms have been overcome, a two per cent. solution of boracic acid may be used with benefit. Atropine is often necessary in preventing iritic complications; but eserine, more than any mydriatic, will produce rapid absorption of pus, whether onyx or hypopion—only it must not be used too strong.

Notwithstanding all our efforts, however, the ulcer at times takes on a form that taxes the skill of the surgeon to its utmost, and, unless met with the most radical treatment, it will slowly but surely creep through the corneal substance, which finally sloughs away and the eye is destroyed. This, it would seem, is due to the nature of the cornea itself, which, consisting, as it does, of layers, allows the ulcerative process to extend and the pus to gravitate downward into the softer tissue between the anterior and posterior elastic laminae, so that thorough cleansing becomes impossible, and auto-infection is constantly taking place.

Such a condition having obtained (which fortunately is not of frequent occurrence) the salvation of the eye depends upon the possibility of removing every particle of septic material.

Some years ago, Sæmisch, of Bonn, devised the plan of opening



the cornea by an incision carried through the most dependent portion of the ulcer, and including the healthy tissue on both sides. The eye was then thoroughly cleansed and bandaged, and the result, in a large percentage of cases, was the reparation of tissue, and consequent healing of the ulcer.

Another antiseptic method is found in scraping the cornea (and I would like to interpolate right here, that *any method is "antiseptic" which tends to destroy existing septic material, or to prevent its development*). A delicate knife is used in scraping away all diseased tissue. This is exceedingly difficult to accomplish with precision. Either the ulcer is not completely removed or a large amount of corneal structure is destroyed. There is a third method, however, which is far more exact in its application, and which gives satisfactory results. I refer to the galvano-cautery.

Grüning prefers a platinum wire heated to a red heat in the flame of a spirit lamp; but I find that the rapidity with which one can apply the galvano-cautery, makes it far easier for the patient to bear.

The eye having been anæsthetized with cocaine, the flexible platinum point is carefully applied to the part of the ulcer to be destroyed, the spring is touched. There is an instantaneous glow, and the result is accomplished before the patient can realize what has been done. An ulcer, having been thus "purified by fire," presents a clean surface, in which healing gradually takes place. Even then care must be exercised to prevent the entrance of pathogenic microbes, but usually the tissue is readily restored.

It goes without saying that the suitable remedy is of prime importance in all of these conditions, but the scope of this paper does not permit its consideration. It is simply designed to point out the fact that perfect cleanliness—however obtained—is absolutely essential, if we would secure the best results in ophthalmological practice.

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## CORRESPONDENCE.

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RULES AND SUGGESTIONS ACCORDING TO WHICH PROVINGS ARE TO BE TESTED AND ANALYZED IN REFERENCE TO THEIR VALIDITY.\*

EDITOR OF THE HAHNEMANNIAN MONTHLY:

As it cannot be in the interest of homœopathy to keep the purposes and objects of its working committees a secret from the physi-

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\* Prepared by C. Wesselhoeft, M.D., Chairman of "Directors of Drug Provings," of the American Institute, on the basis of an article in the *New England Medical Gazette*, "On Methods of Drug Proving."

cians at large, I hope that you will give these Rules and Suggestions a place in your journal. We are using them in our State and Local Societies, and we have reason to believe with a good effect. If there are those who cannot accept, from what is generally called "tact," "policy," or "conviction," the simple conclusions expressed herein, let them remember that they are at liberty to formulate better rules. We care not what these are, if they will only serve the purpose of *distinguishing the symptoms due to the drug proved, from those which are due to other causes*; which is the same as the oft-repeated but never applied practical metaphor of "separating the wheat from the chaff." The Directors of Provings, a standing committee of the American Institute, propose to work by these Rules, which are also most applicable in the private study of the *materia medica*.

Yours fraternally,

C. WESSELHOEFT.

IN order to accomplish our object, we should aim at the introduction of a method which shall make no invidious distinctions between or admit of any *a priori* assumption as to the validity of provings. The method proposed shall be alike fair in its judgment of high, or low, potency provings; it has not to determine whether the drugs used were properly prepared or what their nature was; it has little to do with the health or temperament of provers, for if the leading principles of the method as stated below are followed, the result of the examination of a proving will undoubtedly determine its practical value.

What we want to discover in a proving is whether the symptoms recorded are due to the drug. The future general acceptance, for which we hope, of the principle S. S. C., depends entirely on correct methods of proving. The following principles should guide the proving of drugs:

*Certain causes acting under like conditions always produce the same effect; and hence conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.*

A proving properly made—that is, a carefully conducted test under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition; if with each experiment by different provers, the result *varies*, it cannot be attributed to the drug taken,—(if "like causes produce like effects.")



Although provings upon the human organism may vary slightly in different persons, and although a certain latitude may be allowed them, it is far safer to apply the rule in its literal meaning than to endanger the sick by ambiguous interpretation of provings or their doubtful results.

*Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined. But in order to accept the results as valid, insist that the observations and records of experimenters individually and collectively shall manifest distinct congruity in sense and meaning; if they do not manifest such congruity, they shall be excluded as useless.*

Next to the above rule concerning the value of congruent symptoms, the definition of *value* is embodied in the following rule:

*Each drug, when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects which serve to distinguish each drug from others; but these effects shall not be considered as resulting from and peculiar to the drug, unless they are recognizable as distinct signs of disease (pathological), and unless they indicate some recognizable class of pathological states (diseases).*

A considerable number of extensive experiments show that the normal human individual is usually capable of manifesting a large array of deviations which are not of a morbid or pathological nature; these must be distinguished from the spurious deviations, if provings are to be of value.

The critical examination of provings, whether made by the prover in person, or others, should be conducted according to the above principles, and we now propose to *apply them for the first time. The object will be to compare the records of each prover with those of the others, and then to accept those effects only which are corroborated by numerous tests, of which there should be no less than three.*

(A.) These three provings should be by different provers, as the same prover is apt to have the same symptoms of whatever he is proving.

(B.) We should, in making these comparisons, unhesitatingly omit as useless everything which does not agree in sense and meaning between different provers, as it is *uncertain* and misleading.

(C.) We should not keep anything in the way of symptoms which is doubtful; it is far better to omit a few paltry effects which might

have been due to the drug, than to admit thousands of a doubtful nature. Why account for them at all? Let us keep only that which according to our best knowledge, is correct.

In the special method of critically examining a proving, it should be left to each to find his own technical method. But the following is proposed as a guide:

Suppose we were to examine a proving, take those of *gamboge* in the *Cyclopædia of Drug Pathogenesis*.

1. Read the whole through carefully.
2. Copy on narrow strips of paper, less than three inches wide, the record of each prover there given.
3. In such a manner as to arrange the symptoms in order according to the parts of the body: Head, throat, stomach, etc. This is for comparison.
4. Having done so, place the strips side by side so as to bring the parts to be compared in a line, and then pass judgment as to whether they agree in the different provings or not.

The conclusions to be drawn, regarding the value of a proving, rest upon the pathological knowledge and experience of the critic who is to bring unbiassed judgment to bear upon the work of others. The critic should not yield to a fear of eliminating too much; great volumes of dross are often to be thrown away to secure a single grain of gold, and this had better go with the dross, if inseparably alloyed with it.

5. If we find, *e.g.*, the head symptoms of provers A, B, C, D, to agree, we should consider them valid, though E might vary slightly.

6. If they should all be different, vague and uncertain as to pathological meaning and expression; for instance, if those who record head-symptoms all differ, while others record no such symptoms, the whole should be excluded, *i.e.*, designated as valueless because uncertain.

7. All parts of the body should be compared in this way, if possible. If the proving, however, is very voluminous, consisting of the records of many provers, 10 or 20, or more, the writing out of all parts would take much time. Although this should form no excuse, the time of the Committee is limited, and therefore labor can be abbreviated by comparing only two or three of the chief parts of the body, say head, chest, abdomen.

8. Or, if on the first careful reading, it should strike the reader



that there are certain parts repeatedly and obviously being referred to by the provers, let these be the subject of comparison.

These suggestions can be modified, abbreviated or extended by each critic of provings. But the chief object of doing such work is to test carefully what we already have got, before we go on increasing it in bulk. It is proposed, furthermore, that this Committee prepare a number of such critically examined provings as examples of what can be accomplished in this way. Other societies will appoint committees to do the same, and with comparatively little work we shall be able to place in the hands of our students and practitioners a rationally verified *materia medica*.

9. Use only original provings, giving name of prover, drug and dose given, and dates accurately stated. Allen's *Encyclopædia*, and Hughes' *Cyclopædia of Drug Pathogenesis* are recommended.

Although these Rules are directly designed for use by the Committees of the Institute and other societies, they may also prove suggestive to the general student and practitioner who desires to find a way to separate the useful from the useless part of old and new provings. The best way is to write symptoms on strips of paper about four inches wide, sort them according to provers, according to parts of body, and arrange them (paste them) in columns so as to facilitate comparison.

Name of Drug.		
Names of Provers.		
Brown.	Smith.	Jenkins.
Head.	Head.	Head.
_____	_____	_____
_____	_____	_____
Chest.	Chest.	Chest.
_____	_____	_____
_____	_____	_____
Abdomen.	Abdomen.	Abdomen.
_____	_____	_____
_____	_____	_____

## EDITORIAL DEPARTMENT.

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All communications to this journal must be contributed to it exclusively. The editors rely on all contributors conforming strictly to this rule. Rejected manuscript will be returned to the author.

Reprints or copies of the journal containing their article will be gladly furnished writers if a request for the same is sent with the manuscript.

The editors are responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors. No discourteous or anonymous communications will be recognized.

All exchanges, books for review, and all communications should be addressed to, and all checks and money orders drawn to the order of, the HAHNEMANNIAN MONTHLY, 1506 Girard Avenue, Philadelphia.

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### THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA AND ITS CRITIC.

IN the *Medical and Surgical Reporter* for October 6th, 1888, we find an editorial review of the late meeting of the Homœopathic Medical Society of the State of Pennsylvania. Under ordinary circumstances the policy of the HAHNEMANNIAN MONTHLY would lead us to ignore the editorial in question; but the writer has made such an evident effort to treat his subject fairly and to refrain from doing the members of our school an injustice as to make his article a very dangerous one; in fact, we might go so far as to say that, were it passed without notice, it might do much harm. While the title of said editorial takes notice only of the State Society's meeting, the subject matter presented has a much wider scope. The writer takes the position which we may be allowed to formulate in the following propositions:

1. The Homœopathic Medical Society of the State of Pennsylvania has held a meeting and has shown itself capable of discussing important medical questions. The proceedings were of such a character as to make it a difficult matter to discover any homœopathy in them at all.

2. The President of the Society accords to the homœopathic law of cure only a limited application in the treatment of disease.

3. The only reason for the ostracism of homœopaths by the members of the allopathic school is the fact that the former have adopted an exclusive title, and use the same for mercenary reasons solely.

As to the first of these criticisms we feel obliged to modestly acknowledge that the Homœopathic Medical Society of Pennsylvania is capable of discussing important medical subjects; and, as the "proof of the pudding is in the eating thereof," we might add that



our esteemed contemporary will find its members even more skilful in the field of practice than on the floor of the society room. We cannot, however, regard his compliment with the complaisance we otherwise could had it emanated from another source, especially as it has been coupled with the gratuitous information that "it is difficult to discover any homœopathy in them (the proceedings) at all." Perhaps the best way of answering our critic is to give a summary of the distinctively homœopathic work done at the recent meeting, merely adding *en passant* that the reputation of the Pennsylvania Society for fidelity to the principles of homœopathy cannot be excelled by any other society in the country.

The bulk of the distinctively homœopathic work is necessarily performed by the Bureaus of Materia Medica and Clinical Medicine. To use the language of the Chairman of the first named of these bureaus on presenting his report to the Society, "The report of the Bureau of Materia Medica is simply stupendous." Stupendous it was. For one year past the members of this bureau had been actively engaged in the preparation of a repertory to the third edition of Hering's "Condensed Materia Medica," and the fruits of their labors were presented at the meeting. Their work was so voluminous, and, moreover, so valuable, that the Society voted unanimously, after ample discussion, to issue this report in a volume apart from the regular *Transactions*, and levied a *per capita* assessment to defray the publication of the same. But we do not have to rely on the "repertorial work" alone to prove the industry of the Society's capable Bureau of Materia Medica. The Farrington Club, of Pittsburgh, presented a valuable study of arsenicum; and some important provings of zincum picricum were reported by Dr. Charles Mohr. These we have the pleasure of presenting to our readers in our present issue.

The Bureau of Clinical Medicine likewise presented a full report, embracing no less than ten papers, all of which showed their writers to be physicians strongly grounded in the faith that the only law of cure is expressed by the formula, "*Similia similibus curantur.*" A careful perusal of the forthcoming volume of *Transactions* will show that the distinctively homœopathic bureaus occupy more than one-half the book.

Though we speak with pride of the work done by the two bureaus above named, it would be invidious did we neglect the mention of such distinctively homœopathic papers as some of those presented by

the Bureaus of Pædology, Gynæcology, Pathology, and Ophthalmology.

As to the second point made by our esteemed contemporary we have to express the fear that our report of the proceedings of the Society in our October number gave such a fragmentary abstract of the President's Address as to possibly be misleading. The language attributed to President Pitcairn is correct. We fail to find in it anything that may be regarded as treasonable. As long ago as 1848, when the first homœopathic college in the world was organized, it was authorized to confer on its graduates the degree of Doctor of Medicine, and in addition the special degree of Doctor of Homœopathic Medicine. Is Dr. Pitcairn's address in conflict with this?

The portion of Dr. Pitcairn's address quoted is itself a quotation from the address delivered by his predecessor in office at the meeting of the Society held in Pittsburgh in the preceding year. Inasmuch as so much importance has been attached to these words, we may be pardoned if we quote *in extenso* Dr. Thomas's reply to the questions he himself had propounded.

"Thus mechanical measures constitute the principal therapeutic means employed by the surgeon. Without his knife and numerous instruments and apparatus he would be almost powerless in the treatment of surgical cases. Antidotal therapeutics will be required in the treatment of cases of poisoning. Hydro- and electro-therapeutics may be made great aids in the treatment of many diseases, while the employment of palliative therapeutics often becomes an important duty. But we are sometimes told that the true and loyal homœopathic physicians will, and should, have nothing to do with palliative medication. The inconsistency of such a position is easily established. What would we think of the surgeon who, under such a claim, would refuse to employ anæsthetics in his operations, subjecting his patients to the needless agony of the cruel knife? We would designate him as a monstrous fanatic. If the employment of anæsthetics is justifiable on the part of the surgeon, no less so is the use of anodynes or other palliatives on the part of the physician in the management of many incurable or other diseases attended with great pain and suffering.

"It is admitted that such measures may be attended in some cases with a degree of risk, and always with some danger of abuse. So much more important does it become, therefore, that the student should be thoroughly and carefully instructed in everything related to the subject. . . . But you may tell me that students so instructed will be in danger of becoming eclectics, or of going over to the old school, and abandoning homœopathy entirely. I reply that if the success of homœopathy is depending upon keeping her students ignorant on all these important subjects, if to give them a broad and liberal education is at the risk of their deserting our ranks, then is our hold on them weak indeed, and the days of homœopathy nearly numbered."

The text of Dr. Pitcairn's address shows that his thoughts were running in the same direction as Dr. Thomas's. While he advocated the broadest possible culture for the physician, and the necessity for the homœopathic physician being "learned in all the wisdom



of the schools," and says that "we should hold that all that has preceded in our theories and practices may be altered or amended in accordance with increasing light and the evolutions of general science," he also goes on to say, and italicizes his assertion as if to emphasize its importance, "*Fortunately these have only thus far served to make more luminous and effulgent the fundamental principles of homœopathy.*"

The editor of the *Medical and Surgical Reporter* expresses concern for the feelings of Hahnemann were the latter returned to this life and had the opportunity of reviewing the proceedings of the Pennsylvania State Society. We do not think that he would experience the "distress" of which our contemporary speaks. In fact we will show that the remarks of Dr. Pitcairn are in the line of Hahnemann's own teaching. By consulting the *Organon*, Wesselhœft's edition, we learn that Hahnemann acknowledges the occasional necessity of resorting to palliative medication. He says:

"Only in cases of extreme urgency, where danger and imminent death do not afford sufficient time for the action of a homœopathic remedy, leaving it scarcely an hour, a quarter of an hour, or even minutes to take effect, it is necessary to make use of palliatives."—(Note to paragraph 67, p. 195.)

In the Lesser Writings (page 458) we find words to a similar effect.

"The palliative employment of medicines is only useful and necessary in but few cases—chiefly in such as have arisen suddenly and threaten almost immediate danger!"

Hahnemann then instances some of the occasions in which palliative medication is necessary, and describes the character of such interference required. He then proceeds as follows:

"In like manner cases of chronic diseases may occur, for example, hysterical convulsions or asphyxias, where the temporary assistance of palliatives (as *eau de luce*, burnt feathers, etc.) may be urgently demanded in order to restore the patient to his usual undangerous morbid state, for the cure of which the totally different durable aid of curative medicines is required."

For the sake of introducing another argument let us acknowledge that the homœopathic law is not the universal law of cure we claim it to be, and that it is not practiced as such by homœopaths. How then does our esteemed contemporary account for the wonderful comparative success obtained by the homœopathic asylums in their treatment of the insane? Certainly there must be something (?) in our methods by which we attain a success of from 100 to 200 per cent. better than that obtained by themselves. Can it be possible that we can handle their weapons better than they can?

The statement that homœopaths are only ostracized by the allopathic school because of their adoption of an exclusive title is so manifestly false as to require no contradiction from us. Let our contemporary publish a paper having as its basis the doctrines of homœopathy, and let the writer thereof acknowledge the source to which he is indebted for the information contained in said paper, adding that the facts therein presented are in accord with his experience in the field of practice. The journal that would dare to publish such a paper would straightway receive such a boycotting that it could scarcely survive. But let the writer of that paper simply add a foot-note, or label his paper, "This is not homœopathic," and what praise is accorded him! The editor of the *Medical and Surgical Reporter* is too liberal a man for his school.

In closing his editorial he says:

"We believe the time will come when this state of affairs—to which we refer with no unkindly feelings—will cease, and when such men as made the last meeting of the Pennsylvania Homœopathic State Medical Society almost undistinguishable from a meeting of 'regular' physicians will not debar themselves from association with all *other* (italics ours) scientific medical men by holding fast to a name which misrepresents them and discredits them in the opinions of men who have no desire to be unjust or uncharitable."

Let us express our surprise that our contemporary should have the temerity to place the word "regular" in quotation marks, and insert the word "other" before scientific.

P. S.—Since the above was written the *Medical and Surgical Reporter* for November 24th, 1888, has been received. It contains an article by Dr. Boardman Reed, of Atlantic City, which well illustrates a statement made by us in almost the last lines of the above. Let us quote from the article in point:

"At some future time I may publish numerous reports of clinical cases showing the efficacy of unusually small doses of medicines, administered to antagonize pathological conditions such as could be caused by toxic doses of the same. I hope then to be able to demonstrate at length, and with sufficient clearness to convince the most timid therapist, that *he need not be deterred, by the fear of treading on heretical ground, from curing his patients with the smallest effective doses, whenever these happen to suit best.* (Italics ours.)

"Indeed, one of the most satisfactory things about the double action of medicines is that it affords an all sufficient scientific basis for maintaining that the small-dose effect, as well as the large-dose effect, is really antagonistic to the disease. It thus quite does away with the necessity for lugging in the irrational dogma of *similia similibus curantur* to account for such cures as those of vomiting by drop-doses of wine of ipecacuanha, or of Fowler's solution, and of diarrhœa by fractional doses of a grain of gray powder, rhubarb, or podophyllin."



## REVIEWS.

**A REPERTORY OF GONORRHEA.** Compiled by Samuel A. Kimball, M.D., I.H.A. Published for the I. H. A., by Otis Clapp & Son.

The author has compiled "all symptoms of the genital and urinary organs of remedies having a gonorrhœal discharge, or an intimate relation with the sequelæ" of the same. He has omitted "symptoms of the kidneys, emissions and sexual desires" and of the urine. He has made use of all our standard works on *Materia Medica*.

As a repertory containing all these symptoms "alphabetically and anatomically arranged" the little work will no doubt find a place in the physician's library. The author, however, and very justly too, hastens to remind us that this gonorrhœal discharge and its concomitants are the last things to prescribe from.

So far we can endorse this work and its first page of preface, *i.e.*, to refer to after we have decided on a remedy, but when he begins a tirade on his confreres, as true homœopaths, as he is, as well grounded in their convictions, and even in many instances of as large if not greater experience, we draw the line. But not satisfied with this he goes still farther and by fragmentary quotations proceeds to eulogize certain members of the old school as more advanced homœopaths than these same gentlemen. No doubt these authors will appreciate the adulation. He, moreover, informs us that a cure of these remedies alone will NEVER be followed by a stricture, enlarged prostate, the use of the catheter, etc. By enlarged prostate probably considering its frequency in the untainted, but every surgeon "of experience can testify" against the balance of the assertion. The peroration casts a slur upon the author's professional brethren who may differ from him by a supposition that shows perhaps the bent of his own mind.

As a repertory, welcome, and it will find the place its worth may bring it; with its preface a little more "in dubiis libertas, in omnibus caritas."

**A PRACTICAL MANUAL OF GYNÆCOLOGY.** By G. R. Southwick, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine, etc. Boston: Otis Clapp & Son. 1888.

It is the aim of this work to furnish reliable information respecting the treatment of uterine affections according to the homœopathic system of practice. In the first chapter, devoted to a consideration of some of the causes of pelvic disorders in women, the question of marriage with existing uterine disease is touched upon. The subject is an important one, and worthy of more careful consideration than is usually given to it, for the idea that marriage is a panacea for all uterine affections is still entertained by many persons. There are but a few conditions, however, benefited by pregnancy and parturition; and pre-existing disease is almost certain to entail additional suffering during gestation, and increases the risks from childbirth. The aim should be to reach the highest standard of health possible before the duties of wife and the responsibilities of maternity are assumed. The diseases of the urethra, bladder, and vulva are treated of first; then the diagnosis and treatment of lacerations of the perineum; attention is called to the deception often caused by an inspection of the integuments of the perineum, when there is serious laceration of the vaginal wall and perineal body, only detected by the introduction of the finger into the vaginal passage. The operations of Emmet and Lawson Tait for lacerations of the perineum are fully described.

In the chapter on "Puberty and the Climacteric," among the symptoms which precede the first menstrual flow, the author mentions the occurrence of albumin in the urine, without such impairment of general health, however, as to indicate serious kidney disease, but rather, such a participation in the congestion and hyperemia of the sexual organs as might readily account for this symptom.

The statement in the chapter on "Uterine Displacements," that mechanical treatment for the reduction of a displacement and the retention of the uterus, is often brought into disrepute by its improper application, needs still to be emphasized, for this part of treatment requires more skill and diagnostic ability than is generally conceded.

We are sorry to find no mention made of either Guernsey's or Ludlam's repositors, as both are valuable in their place when properly employed. It would seem as though the author failed to make the diagnosis between the first and second stage of prolapsus uteri very plain, which is unfortunate, for the first stage, without retroversion of the fundus, is often overlooked, when it is a source of considerable discomfort and future suffering, in the expectation of finding the cervix nearer the vulva, when in reality it may be further away from this opening than normal.

When we read the title to Chapter XVII., we find Erosion, Ulceration, and Laceration of the Cervix mentioned together; but the statement soon confronts us that a genuine ulcer on the cervix is never seen except in malignant disease; and, as malignant diseases are treated of in another place, it would seem to be unnecessary to speak of ulceration further than to make this reference to it without classifying it with erosion, etc.

The statement that when severe erosion is present, there is also laceration, needs qualifying, for such congestion of the cervical mucous membrane may be present in the virgin condition as to produce ectropion or eversion, and the semblance of a tear, which, however, disappears under appropriate treatment.

We must take exception to the statement that Tait's operation for the removal of the uterine appendages unsexes a woman, for this fallacy has been exploded long ago, and we can point to four cases in our own experience in which the sexual feelings were increased after the removal of both ovaries and tubes.

The diagnosis of malignant and non-malignant diseases of the uterus and ovaries is given, with the treatment both surgical and medicinal. Pelvic Cellulitis, Peritonitis, and Hæmatocele are treated of.

**HYGIENE OF THE NURSERY.** By Louis Starr, M.D. Philadelphia: P. Blakiston & Co. 1888.

Although the book before us has been prepared for circulation among the laity as a means of instructing inexperienced mothers in the proper methods of maintaining the health of their infants, it is likewise one that may be read with advantage by the physician. It has been said that the most successful physician is he who pays attention to little things. Be he ever so educated in the principles of diagnostics and therapeutics, success will not follow him unless he is attentive to minutæ. Now, it is because this book contains instructions on many small points that it is of value to the physician. It is to be especially commended as a work to be put into the hands of the laity because of the absence of reference to drugging.

**A TEXT-BOOK OF HUMAN PHYSIOLOGY.** By Austin Flint, M.D., LL.D. Fourth edition, entirely rewritten. New York: D. Appleton & Co. 1888.

A work on Physiology by Austin Flint requires no word of commendation from us. The present edition, the fourth, has been entirely rewritten. In his preface the author makes, what seems to us, a sad commentary on the physiological teaching of the day. The advances made in this science during the past few years have been, as all our readers well know, great. The third edition of this work which appeared in 1880, the author tells us, is still much used as a text-book in our colleges, and yet he honestly admits that he himself had been utterly unable to follow it closely in public teaching for several years.

We may well commend the section devoted to the physiology of the ner-



vous system. In it will be found a thorough exposition of the physiological principles on which the localization of cerebral diseases must be based. In this, as in other sections of the book, facts or theories not yet definitely established as truths, find no place, thus making the work all the more valuable to the physician.

HAY-FEVER, OR RHINITIS VASO-MOTORIA PERIODICA, AND ITS RADICAL CURE. By E. Lippincott, M.D. Chicago: Gross & Delbridge. 1888. Pp. 87.

This little work presents to its readers, after a preface and table of contents, the multitude of "Synonyms," the "Definition," "Varieties," "Geographical Distribution," "History," and "Etiology," of hay-fever in a concise manner. Under the heading of "Pathology," we read, "If the lesion of hay-asthma is traceable to the nasal cavity, it is reasonable to suppose that the lesion of other forms of asthma may be traceable to a diseased condition of this cavity. Such has been the result of my investigations in cases of asthma."

"Diagnosis" naturally occupies but little space. The "Prognosis" gives us much more hope than do similar paragraphs in "old-school" works. The "Sanitary Resorts" of this country and Europe follow next.

The sooner we all come to agree with the following statement, found in the chapter on "Treatment," the better, not only for us, but for our patients, viz.: "It is useless to attempt a removal of true or permanent hypertrophy by internal medication. It may aid in some instances, but the main reliance should be upon the cold wire or Jarvis snare, the galvanocautic snare, galvanocautery, or caustic acids, *i.e.*, chromic, glacial-acetic, and nitric." Much reliance is, however, placed upon the curative action of the homœopathic remedies, naphthalin being especially lauded, and credited with many cures.

Under "Therapeutic Indications," we find quite a full symptomatological index of most of the remedies which have proved curative, or even useful, in hay-fever; but *allium cepa*, the remedy *par excellence* in this affection, is passed over with but slight mention, and with the remark: "While there are no reported cures by this remedy, yet it is often valuable as an intercurrent remedy for the coryza and sneezing." In the *Transactions* of the Hom. Med. Soc. of the State of Pennsylvania for the year 1886, p. 63, the author will find the report of a typical case of hay-fever cured with *allium cepa* 200x.

Familiarity with the writings of Dr. Lippincott, with respect to hay-fever, made us hail with pleasure this little volume, which a careful reading does not make us cast from us. While, from a purely scientific standpoint, the work is not complete, from a practical point of view we can heartily recommend it, to the *homœopathist* as a needed assistant in his treatment, and to the *allopathist* as opening to his view indications for cures of which he stands sadly in need.

A SYSTEM OF GYNÆCOLOGY. By American Authors. Edited by Matthew D. Mann, A.M., M.D. Philadelphia: Lea Brothers & Co. 1888.

This voluminous and valuable work is fully up to the standard of the first volume, and is undoubtedly destined to be for a long time the standard authority in all matters pertaining to American gynæcology.

Such a list of famous authors has not often been seen in one book, and we cannot but congratulate the editor on his discrimination in securing work from writers, each one so peculiarly fitted for the part allotted to him.

Dr. Charles Carroll Lee discusses in the first chapter the Diseases of the Vagina.

Hystero-neurosis is the subject of the second chapter, which is written by Dr. George J. Engelman.

Dr. T. Gaillard Thomas, in the third chapter, furnishes a practical and learned exposition of the subject of Extra-uterine Pregnancy; and this,

and the exhaustive and valuable article by Dr. Gross on the Tumors of the Breast, are well worth the price of the book. The other diseases of the breast are treated of by Dr. Roswell Park.

Fistulas are written up by Dr. Edw. Jenks in an article of great interest; Diseases of the Bladder and Urethra, by Dr. William H. Baker; Non-malignant Tumors of the Uterus, by Dr. R. Stansbury Sutton; the Malignant Diseases, by Dr. W. T. Lusk.

Fractures of the Cervix are thoroughly treated of by Dr. Bache McE. Emmett, his article being illustrated by six colored drawings of great excellence. Dr. Busey has allotted to him, Chronic Inversion of the Uterus. Injuries and Lacerations of the Perineum and Pelvic Floor, by Dr. Howard A. Kelley, is a chapter of marked excellence; Dr. Kelley has made use of several good drawings to illustrate his text, and these, together with his clear method of expressing his ideas, make many an otherwise difficult idea or operation plain.

Dr. Goodell writes on the Treatment of Ovarian and Extra-ovarian Tumors; Dr. Robert Battey, on Diseases of the Ovaries; and Drs. H. C. Coe and W. Gill Wylie, on Diseases of the Fallopian Tubes.

The Pathology of Ovarian Tumors, by Dr. S. Y. Howell; The Clinical History and Diagnosis of Pelvic Tumors Other than Uterine and Tubal, by the Editor; and Displacements of the Uterus, by Dr. George T. Harrison.

This volume contains so much that is of value that it is impossible to review it as we would like to. It is like an attempt to review in one article an entire library.

**THEORY AND PRACTICE OF THE OPHTHALMOSCOPE.** By J. Herbert Claiborne, M.D. Detroit: George S. Davis. 1888.

In this little book we have what is certainly much needed, namely, a small monograph, from which the practitioner may learn the practical application of the ophthalmoscope. It is thorough in its methods. The use of the ophthalmoscope in the estimation of refraction, both by the direct method and the method known as retinoscopy, are carefully described. In the chapter on mydriatics we find the following formula recommended as a mydriatic for use in cases in which it is desired to paralyze the accommodation thoroughly, and yet subject the patient to as little inconvenience as possible:

R. Duboisini, . . . . .	gr. ijss.
Cocaini hydrochlor., . . . . .	gr. xxx.
Acidi borici, . . . . .	gr. xv.
Aquæ destill., . . . . .	ʒj.

The author claims for this mixture the ability to paralyze accommodation within half an hour after its instillation, while its effects disappear entirely on the morning of the third day after its use.

#### OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD.

This Visiting List (nicely gotten up) is largely composed of the necessary blank pages on which to record the daily engagements of the physician. Its good point is the placing by the side of the column for the engagement another in which to record the prescription made at the time of making the visit.

#### THE MEDICAL NEWS VISITING LIST FOR 1889. Lea Brothers & Co.

This Standard List does not show any essential difference from that issued for the year just drawing to a close, with the exception that the therapeutic memoranda in the front of the book have been carefully revised by the light of more extended experience. Its style leaves nothing to be desired.



## GLEANINGS.

### Purified Water.

The boiling of water "to kill the microbes" has sometimes been recommended by physicians. M. Tellier has shown that this cannot be effected by a temperature of  $212^{\circ}$  F. He has also observed that boiled water, being deprived of its air, is heavy and indigestible, and that, through loss of its calcareous salts, it becomes insipid and is disagreeable to drink. He prepares water in a closed vessel, placed in a salt and water bath, by which he gets a temperature of  $300^{\circ}$  F. In using, the water is drawn from a filter faucet placed near the bottom of the vessel. A small faucet at the top, to admit the air, is kept covered with cotton.—*Amer. Journ. of Pharm.*, November, 1888.

### Pulmonary Tuberculosis Treated by Hot Inhalations.

Several physicians have discovered that very hot air destroyed the bacillus of tuberculosis. Weigert, of Vienna, therefore determined to try the effects of hot-air inhalations in several patients far-advanced in phthisis. At first air at the temperature of from  $40^{\circ}$  to  $60^{\circ}$  C. was tried, and this was increased until the air was  $80^{\circ}$  C. Patients inhaled air at this high temperature for several hours, and complained only of a transitory hyperemia and distress of the mucous membranes. Physical examination revealed a constant improvement in the state of the lungs, while the microscope showed a gradual destruction of the bacilli. Whether all the bacilli are thus destroyed, or whether some may not still inhabit the lymphatic glands, and by emigration, again produce morbid manifestations, further experiments alone can decide. Halter, of Lengerich, arrives at very similar results, on account of having witnessed that laborers in lime-kilns never suffer from phthisis, and that those who do have phthisis are relieved by entering that occupation. The bacilli of tuberculosis are destroyed by a temperature of  $41^{\circ}$  C. A very high degree of heat is well borne of from 8 to 10 minutes even by those who are not used to it.—*Allg. Med. Centr. Zeit.*, 78, 1888. S. L.

### Fissures of the Tongue.

These obstinate and painful lesions may be speedily cured, according to Schwimmer, by applying the following mixture five or six times daily:

R. Papayotine, . . . . . 2 parts.  
Glycerine, . . . . .  
Aque, . . . . . aa 10 parts.—M.

*Medical News*, November 3, 1888.

### Facial Paralysis of the New-Born.

Aside from the facial palsies produced by the application of the forceps, and by the long-continued pressure of a pelvic tumor or a narrow pelvis with deficient labor pains, we meet with cases of paralysis in which the labor itself was normal, and the sexual organs of the mother without malformation. Such a congenital facial paralysis is mostly incurable. Stephen reports one such case, in which the soft palate was involved in the paralysis, but the tongue escaped; hearing on the paralyzed side was deficient. There is probably in such congenital cases a deformity of the petrous portion of the temporal bone as a result of an intra-uterine inflammatory process.—*Revue de Médecine*, 7, 1888. S. L.

### A Rare Affection of the Sympathetic.

Samelsohn reports the case of an old woman, otherwise healthy, who had the so-called Horner's ptosis; there was vertical narrowing of the rima, diminished reaction of the pupil, and a sinking in of the eyeball. The

affected side of the face was pale, and showed one degree less of temperature than did the other. On the right side she suffers from paroxysms of hemi-crania; but here the eyes show nothing abnormal. This side of the face gives all the evidence of a vaso-motor paralysis; there is a half-sided redness of the face, the line of demarcation between the two sides of the face being very distinct. There is also half-sided sweating, either spontaneously or after pilocarpine. This case tends to show that the oculo-pupillary and the vaso-motor nerve fibres in the cervical sympathetic, are isolated.—*Centralblatt f. Nervenhe.*, 20, 1888. S. L.

#### Monocular Neuritis from Exposure.

De Schweinitz reports an interesting case of primary papillitis the result of exposure, occurring in a woman. All other causes, such as disease of the heart, brain, lungs, kidneys, and uterus, lead-poisoning, suppression of menses, syphilis, and anæmia, were carefully excluded. The author states that optic neuritis due to exposure, is generally monocular. He quotes Hirschberg as claiming that in his cases of primary monocular papillitis, the sound eye has usually developed a papillitis in from within a few days to several months after the first eye became affected.—*Medical and Surgical Reporter*, November 3, 1888. H. I. J.

#### Treatment of Corneal Ulcers.

Callen, in speaking of the treatment of ulcers of the cornea due to constitutional troubles such as syphilis, malaria, etc., recommends that after applying cocaine, the ulcer should be cleansed with a cotton pledget. After the ulcer is thus cleansed, a solution of nitrate of silver (gr. ij- $\frac{3}{4}$ j) should be applied. This procedure is to be repeated every day if necessary. When much corneal irritation is present, the cornea should be bathed with a solution of boric acid, and atropia and cocaine should be instilled, after which the eye should be bandaged. The nitrate of silver gives a clean surface to the ulcer, and stimulates the process of repair.—*Medical and Surgical Reporter*, November 3, 1888. H. I. J.

#### The Absorption of Cod-Liver Oil.

Physiologists have always been at work on the question, What makes cod-liver oil more digestible and assimilable than other oils and fats? The explanation was in turn found in the iodine present, in its property of passing through animal membranes more easily, and finally it was asserted that it was not different from any other fat. Each of these views was in turn disproven and gave place to that which has prevailed for a decade, since it was first set forth by Buchheim. This finds the key in the large proportion of free fatty acids present, which assist in the emulsification of the fat after the oil has reached the duodenum. In general, though, the proportion of free acid in oleum morrhue is very variable, and for this reason, and because of the disagreeableness of the oil, Mering had made a substitute, which has been put into the market under the name of lipanine. This consists of olive oil, containing six per cent. of oleic acid, of pleasant taste and emulsifying very easily. Mering has used it now in forty cases of rickets, phthisis, etc., and in all the effects on nutrition were positive, the weight increasing. No symptoms were noted on the side of the digestive tract. The dose is the same as for cod-liver oil.

Recently Marpmann, an apothecary in Munchen, has taken up the subject again, and thrown new light upon it (*Munch. Med. Wochenschr.*, July 7, 1888). The digestion of fat is a subject about which we possess but little accurate knowledge, but it seems improbable that the small quantity of fatty acid in cod-liver oil can be of much importance, when we consider that neutral fats in the food are perfectly well-borne and assimilated, and that the pancreatic juice has the power to split up a neutral fat into fatty acid and glycerine. Marpmann, then, was not satisfied with the fatty acid theory, and, looking for another source, finds it in the stomach, to which,



before him, no attention had been directed. Fat is better borne the more intimately it is mixed with the food and saliva—*i.e.*, the better it is prepared to pass the stomach; oil in any considerable quantity upsets the stomach, because it envelops the food, and prevents gastric digestion, and when one fat is found to be better borne than another, the ground is to be sought in the way such a fat behaves in the stomach.

Impelled by such considerations as these, Marpmann tested various oils with artificial gastric juice. All the oils shaken with gastric juice separated immediately on standing, but cod-liver oil remained emulsified for fifteen minutes, and after twenty-four hours, had cleared up only one-half. Here, then, according to Marpmann, is the explanation of the superiority of cod-liver oil, *viz.*, that it passes out of the stomach, and meets the pancreatic juice after it is already in a finely divided state, while other oils, keeping their independent existence in the stomach, enter the intestine in the form of large drops.

By the same experiment lipanine refuses to mix with the gastric juice, but separates its oil quite pure after a few minutes; a mixture of phosphoric acid and olive oil separates just as pure olive oil. These facts prove that the miscibility of cod-liver oil with the gastric juice cannot depend upon its containing free acid. On the other hand first, fat peptonate, another substitute for cod-liver oil, consisting of cod-liver oil and olive oil mixed with pancreatic juice, and, second, a mixture of olive oil and oleate of soda, mix, the first completely, no oil separating in twenty-four hours, and the second about as cod-liver oil. These facts allow us, Marpmann believes, to suppose that the active ingredient in cod-liver oil is a small quantity of some salt of a fatty acid. Later he has obtained from cod-liver oil, by ether and alcohol, a substance which, dissolved in water, gives other fats the properties of cod-liver oil, and which is likewise present in the pancreatic fluid. One practical conclusion that Marpmann makes is that cod-liver oil should be mixed with the food and prepared in the mouth, rather than drunken.—*American Journal of the Medical Sciences*, November, 1888.

#### Something Similar to Pollutions in Women.

Krafft-Ebing says that experience shows that the pleasurable sensation arising during an embrace as a result of the sensory irritation of the organs, acts reflexly on a centre similar in character to the ejaculatory centre in the male, and produces a peristaltic contraction of the tubes and of the uterus, and presses out mucus from the cavities of those parts. Women, on having sexual dreams, confess that on awaking, they have found the external genitalia wet. Imperfect and unsatisfactory coitus, because preventing that sensation of ejaculation, is a frequent cause of nervous affections, and even of chronic endometritis, metritis, and oophoritis, as concomitant conditions. Feré had a patient who had on the upper part of the sternum an erotogenous zone, pressure on which, produced a copious secretion of vulvo-vaginal fluid. Neuroses may arise in virgins, in consequence of psychical as well as manual onanism; and also in widows, on whom abstinence from sexual intercourse is forced. Just as in the male this centre in the cord may be acted upon by stimuli from the brain, so a similar action may occur in women, especially during or after lascivious dreams. In males the process is a purely physiological one. Krafft-Ebing never found it in healthy women, but often in neuropathic and sexually asthenic women, who may allow their minds to dwell on the subject of coitus, or who may be temporarily crazy enough to imagine themselves the victims of rape.—*D. M. W.*, 39, 1888. S. L.

#### A Mixed Antiseptic.

To avoid the use of poisonous antiseptics Rotter employs in the Hospital and Lying-in Asylum of Munich, the following mixture; To a litre of water he adds corrosive sublimate 0.05, common salt 0.25, carbolic acid 2.0, zinc chlorate 5.0, zinc sulphocarbolate 5.0, boric acid 3.0, salicylic acid 0.6, thymol 0.1, and citric acid 0.1. The citric acid serves only for the solution of the

zinc salts. The thymol imparts to the solution a pleasant odor, so that the solution, which is perfectly clear, cannot be mistaken for water. Even when the corrosive sublimate and the carbolic acid are omitted the mixture still shows some antiseptic power. This mixture has the advantage that the burning pain often met with after disinfection with strong solutions, is never observed. The pleasant odor of the fluid is retained even though suppuration be profuse.—*Allgem. Med. Centr. Zeitung*, 82, 1888. S. L.

#### The Incompatibility of Antiseptics.

Dr. Boxall calls attention to a very important point in connection with the employment of mixed antiseptics. He has ascertained that mixtures of corrosive sublimate and iodine, iodine with carbolic acid, and carbolic acid and olive oil, produce chemical changes which materially affect the properties of the original ingredients. He found, moreover, that soap and glycerine are, as a rule, bad vehicles for antiseptics. Perchloride of mercury, iodine, salicylic acid, and permanganate of potassium are changed or precipitated by admixture with soap. It is evident, therefore, that some little discrimination is necessary before we employ other than simple solutions of the principal antiseptics.—*Medical Record*, October 20, 1888.

#### Paralysis after Dysentery and Diarrhœa in Tropical Climate\*.

Pugibet observes that in Tonkin, many nervous disturbances may arise after dysentery. Thus a dysenteric paralysis may set in suddenly. Usually these paralyzes are curable and incomplete. Sometimes, however, they may remain uncured, or even end fatally. They are generally motor in character, although sensory disturbances are occasionally observed. Glycosuria is an occasional occurrence. Not all the muscles supplied by the same nerve are involved. The paralyzed muscles show normal or slightly reduced electrical excitability. The supposed cause of the trouble is a capillary thrombosis in the anterior horns of the spinal cord. The prognosis may be regarded as favorable.—*Revue de Médecine*, 1888. S. L.

#### On Poisonous Meat.

In cases of poisoning by meat we ought to know whether the whole animal was diseased, or whether only single organs were affected; whether the poisoning symptoms set in immediately after partaking of the meat or some time afterwards; whether the meat was eaten raw or boiled; or whether in the form of beef-tea or soup. The symptoms in these cases are mostly vomiting and purging together with such general symptoms as fever, collapse, soft filiform pulse, thirst and hunger, and nervous symptoms, as sopor, tetanus, diplopia, aphasia, and even spasms of deglutition, as in the case of hydrophobia. Last May a cow was taken sick, and as treatment failed to relieve her, she was killed by order of the veterinary surgeon. The autopsy revealing only an intestinal catarrh, the selling of the meat was allowed. Two days later a laborer partook of some raw meat from that cow. He was taken sick an hour afterwards and died within thirty-six hours. The autopsy showed a gastro-intestinal catarrh reminding one of enteric fever. Twenty-five families partook of the meat, and fifty-eight cases of poisoning from the same were recorded; some ate the meat, others used it as soup. In all cases convalescence was slow, and extensive desquamations of the skin were noted. In the fresh juice of the meat bacteria were found (as they were also in the spleen of the man who died). These bacteria consisted of rods with an aura growing on gelatine, agar-agar, or blood-serum, but they color poorly. The administration of the meat to dogs, cats, chickens, and sparrows, was without deleterious effects; while guinea-pigs, rabbits and mice, suffered from diarrhœa; autopsies showed them to be suffering from hæmorrhagic enteritis. In cases of meat-poisoning the bacilli are not found in the muscular tissue, but in the bloodvessels, and sometimes in large quantities in the liver, lungs, etc. The bacilli probably spread from the intestines. Poisoning is more apt to occur when the meat is taken on an empty stomach.—*B. K. W.*, 40, 1888. S. L.



## Pilocarpine in Ear Diseases.

Rosegarten, of Kiel, uses pilocarpine subcutaneously for syphilitic and other diseases of the internal ear. He follows the treatment for at least six weeks, making injections of one-sixth of a grain daily when possible. He claims that benefit may be derived from pilocarpine in diseases of the middle ear also. Under its use sclerosed tissue becomes more pliable, adhesions become moistened and softened, and exudations are absorbed.—*Archives of Otology*, June, 1888.

H. I. J.

## Water as a Nutritive Agent.

Debove denies that water has any action in relation to the cure of obesity. A treatment based on the administration or exclusion of water or other fluids, will fail to be of benefit. Water never makes a person fat; nor does it cause emaciation. Water neither increases nor retards tissue change, and still it is one of the best means of keeping up nutrition.

S. L.

## Rebellious Hiccough.

Dujardin-Beaumetz recommends that the patient compress thoroughly the external auditory meatus, in cases of rebellious hiccough; while others recommend the taking of small draughts of water or other liquid. The hiccough stops immediately because the contracture of the glottis is at once relieved.

S. L.

## Acute Eczema in Malarial Fever.

A patient suffered for some time from an eczema of the face, with quotidian fever, profuse sweat, swelling of the spleen during the fever; towards evening he always felt well with the exception of the symptoms arising from the eruption. A few doses of muriate of quinine removed the fever and the eczema at the same time.

S. L.

## Illusions and Delusions in Hysterical Patients.

An hysterical male patient treated by Prof. Peter accused him of poisoning his patients by overdoses of laudanum and nitric acid. At the trial it was shown conclusively that the patient in question succumbed to typhoid fever. This case furnishes us with further proof of the necessity of taking the statements of hysterical patients for just what they are worth. Untruthfulness is one of the characteristics of hysteria.—*Progrès Médical*, 16, 1888.

S. L.

## Hypnotic Treatment for Morphinism.

Johansen had been using morphine for years in large doses. He finally decided to abandon the use of the drug. In this he was not entirely successful until he tried hypnotism. By looking steadily and fixedly at a shining object, he fell into a light sleep, which was as refreshing to him as the sleep produced by the morphine. Thus he succeeded in ridding himself of his habit.—*Centralblatt f. Nerven.*, Sept., 1888.

S. L.

## Treatment of Corns on the Soles of the Feet.

This very annoying affection is best treated, according to Unna, by painting a circle of zinc clay paste about the corn, and, when this is dried on, placing inside the ring a piece of salicyl-creasote plaster muslin (salicyl 40, creasote 40); then the whole is covered over with the paste and allowed to dry. With sweating feet or where the feet are very hot, the part is to be enveloped before the dressing is dry with a soft muslin bandage; this is to be stuck fast with the paste. The dressing is to be changed once or twice a week, each time removing the loosened horny layer.—*N. Y. Medical Journal*, Nov. 17, 1888.

## Chloride of Ethylene and Opacity of the Cornea.

The chloride of ethylene, when introduced into the system of dogs, produces a singular opacity of the cornea, which comes on several hours after waking from the influence of the drug.—*Medical and Surgical Reporter*, November 3, 1888.

H. I. J.

#### The Nasal Origin of Whooping Cough.

Michael, of Hamburg, believes whooping cough to be of reflex nasal origin. He insufflates tannin, boric acid, iodoform, or benzoïn every day during the act of expiration, thus preventing the powder from entering the larynx or mouth. This treatment diminished the number and violence of the paroxysms after the first application, and often resulted in aborting the disease in its first stage. Guerer, Bocher, Lublinski, Stoerck, and Ziem have all employed this method and speak highly of the results to be obtained by it.—*Archives of Pediatrics*.

H. I. J.

#### Gunpowder in the Treatment of Tinea Tonsurans.

Valentine Knaggs has found gunpowder to be a very efficacious remedy in the treatment of tinea tonsurans. It is prepared for use by adding to it just enough lemon juice to make a moderately stiff or semi-liquid paste. This is to be applied once or twice daily to the part affected, preferably after the scalp has been shaved. In the course of an hour or so, it dries or cakes on the part, and, at the proper time, is to be removed by the use of warm water and carbolic or tar soap. A fresh application must then be made. Gunpowder thus used is generally sufficient to effect a cure in from six weeks to two months. In case of ringworm of the scalp it is essential for success that the application should be diligently continued until the new hair has become well established.—*Therapeutic Gazette*, November 15, 1888.

#### Hip-Disease from an Unusual Cause.

Mr. Henry Rawdon reports a case of hip-joint disease arising from a very unusual cause. The boy was six years old, and had been well up to six weeks before admission to the hospital, when he was seized with a succession of convulsions alternating with periods of unconsciousness, which extended over a period of three weeks. At the end of this time it was found that the boy was unable to walk or to use the right leg in any way.

On admission to the hospital the boy presented marked symptoms of hip disease. The head of the femur was resected and was found to be only slightly diseased, this fact indicating that the disease was secondary in origin. The incision gave rise to a great deal of pus. The joint did well, but the boy did not improve, some sinuses remaining in the thigh. These were explored, and at the bottom of one, a swelling could be detected. On making firm pressure on this a large mass of solid fecal matter could be expressed. The sinuses were then thoroughly washed out, and the boy made a good recovery. The author believed that this curious occurrence could be explained by an attack of perityphlitis which had given rise to suppuration involving the walls of the cæcum, causing perforation. Pus had doubtless formed and passed through the pelvic peritoneum until it reached the obturator foramen. Having passed through this it would be likely to follow the path of the least resistance, and enter the joint under the transverse ligament along with the intra-articular vessels. The mass of fecal matter in the thigh he was inclined to regard as of gradual accretion, probably taking place some weeks after the resection, although it might possibly have been forced down between the muscles during a single straining effort at defecation.—*Medical Record*, November 17, 1888.

#### The Chloride of Ammonium in Neuralgia.

Dr. W. T. Green reports the case of a man who had been suffering from neuralgia in the head and neck, left side, for fifteen weeks. Although he had been under treatment—principally with sulphate of magnesia, quinine and iron—the pain continued to grow worse, and reached such severity at times, that he felt as though he must “go out of his mind.” He was quickly relieved by the chloride of ammonium, and there has since been no return of the pain. He was given it in doses of twenty grains, and improvement began after taking the first dose. Dr. Green considers this a



most valuable but neglected remedy, and one which he has never known to fail in the treatment of neuralgia.—*Medical Analectic*, Oct. 18, 1888.

#### A Novel Extension of the Uses of Cocaine.

E. Hurry Fenwick suggests that cocaine may be used as a therapeutic, diagnostic and prophylactic agent. He was first made aware of its extended value by accident. A man who had suffered constant pain in the face, limbs, and urethra for five years, supposed to be consequent on an attack of gonorrhoea, applied to him for treatment. In order to examine the urethra with the endoscope a few drops of a 20 per cent. solution of cocaine were injected. In about a minute the neuralgia in his face and limbs completely disappeared. He made a complete recovery. After a number of experiments on frogs, Mr. Fenwick concluded that cocaine was possessed of considerable reflex inhibitory powers. Its application temporarily abolishes the consciousness of weak stimuli, such as would correspond to slight nerve irritations, neuralgias, etc. Its application has no power whatever over stronger stimuli, such as would correspond to the pain of carcinoma, inflammation, etc. His clinical experience confirms the above conclusions. He formulates the matter thus: If pain in any part of the body be due to slight nerve irritation, unimportant in character, a cocaine injection into the urethra will quickly relieve it. But on the contrary, if the pain is due to severe irritation, a like injection will not relieve it. These facts will be useful in the differential diagnosis of the causes as well as the amount of pain experienced by neurotics and others. The author has used it largely in the diagnosis of urinary diseases. For instance, in a case of renal pain, if a urethral injection of a 20 per cent. solution of cocaine immediately relieves, he diagnoses a transient or unimportant cause for the pain, such as congestion, uratic urine or grit, colonic pressure, etc.

If, however, the renal pain is uninfluenced by such an injection, he gives a more guarded prognosis, and this has been several times verified by the patient passing a small stone, or, as in one case, by the subsequent development of a renal carcinoma. Lastly, there is every reason to believe that it will prove of value as a prophylactic agent in warding off, by inhibition, the untoward effects of reflex renal flooding after operations upon the bladder and urethra.—*Annals of Surgery*, Oct., 1888. E. W. M.

#### Treatment of Piles by Injection.

In thirty-eight cases of hæmorrhoids treated in the out-patient department of St. Mark's Hospital, with injection of carbolic acid, F. Swinford Edwards has had very satisfactory results, only one case having had a relapse. The method employed is to place the patient on his knees and elbows on a couch. If the piles are not already visible, he is given an enema; after which, he is made to strain them down. He then injects into the centre of each pile with a hypodermic syringe, through a needle of good lumen, from two to five minims of a one-to-ten solution of carbolic acid in glycerine and water (carb. acid gr. xij, glycerine and water āā ꝑj). This is done slowly, that the fluid may diffuse itself. The piles are then oiled and returned into the rectum, and the patient allowed to depart. He is advised not to have a stool for twenty-four hours, and promptly return the piles should they come out during stool. A prescription of a mixture of sulph. of iron, dilute sulphuric acid, sulph. of magnesia, and infusion of quassia, is to be taken three times a day, and an ointment of subsulphate of iron is to be passed up into the bowel before and after stool. The patient is not seen again for a week. Two weeks should be allowed to elapse between each injection. In severe cases, the strength of the solution may be increased to one part of carbolic acid to five of the water and glycerine.—*Br. Med. Journal*, October 13, 1888. E. W. M.

#### Tests for Minute Amounts of Albumin.

The importance of a reliable and convenient test for minute proportions of albumin in urine is coming to be more and more widely recognized. Dr. Lacorché and Dr. C. Talamon have recently made a careful comparison of the principal compound reagents used for its detection. Taret's test has commonly been considered equal, if not superior, to all tests for small quantities of albumin, but they give Millard's the preference. Millard's solution consists of 2 parts, by weight, of 95 per cent. carbolic acid, 7 of glacial acetic acid, and 22 of liquor potassæ. Both this and Taret's solution, they say, will show albumin in the proportion of 1 part to 200,000 and even 300,000 parts; but, while the disk produced by Taret's is pale and diffused, that of Millard's, though thinner, is much more distinct. The only substances which may lead to error are urates, peptones, and mucin. Urates and peptones are precipitated on gently heating the test-tube at the level of contact. And mucin, which always causes a dusty turbidity above the line of contact, is readily distinguished by a little practice. When the quantity of albumin to be tested for is very minute, the urine should be clarified and allowed to trickle down slowly upon the solution.—*New York Med. Journal*, Oct. 27, 1888. E. W. M.

#### The Uselessness and Harmfulness of Shoulder-straps and Shoulder-braces.

Bernard Roth considers shoulder-straps not only useless but really harmful in the treatment of stoop shoulders due to muscular debility. The scapulae being brought close to the spine, and held in that position by them, there is no chance for exercising the strong muscles of the back; consequently, they atrophy. The muscles of the forepart of the chest are excited to resist the straps, and are increased in power, so that, when the braces are removed, the shoulders will not only fall forward but the anterior chest muscles, on account of their increased strength against the weakened back muscles, will actually pull the body forward.

One of the simplest and best ways of overcoming the difficulty is to constantly remember to keep the shoulders back by a voluntary effort.—*N. Y. Medical Journal*, November 3, 1888. E. W. M.

#### For Hyperhidrosis of the Feet.

R. Acidi chromic, . . . . . 1 part.  
Aqua, . . . . . 100 parts. M.

Saturate pledgets of lint with the solution and place between the toes.—*Medical News*, November 10, 1888. E. W. M.

#### Sun Spurge—a Cure for Warts.

The euphorbia heliosopia (though occasionally used among the peasantry for the removal of warts, and known as the wart-weed or wart-worth) is not generally recognized as a useful remedy. Dr. T. E. J. Greene has successfully and painlessly removed warts from the hands and face by the external application of its juice. He uses it as follows: After paring away or removing with scissors the upper strata of the growth, he nips off a stem of the wart-weed—best near the top of the plant, as that contains stronger juice—and applies it to the part; as it dries more is applied, and so on, at least three or four times daily. When a scum of inspissated juice and degenerated epithelium forms, it must be removed before again using the remedy. In recent growths it is not necessary to pare them. The cure is hastened by paring. The treatment is painless and leaves no scar.—*Br Med. Journal*, October 27, 1888. E. W. M.

#### A Case of Excision of the Tongue followed by Death from Miliary Tuberculosis.

Dr. Francis J. Shepherd reports the case of a man, 64 years old, with an ulcer on the tongue, thought to be an epithelioma, and in which the operation of excision of the tongue was performed. Examination on admission



to the hospital showed no evidences of disease other than the ulcer, and the infiltration of adjacent glands. The patient recovered well after the operation, on the fourth day being able to sit up in bed and feed himself with a tube. In the evening, the temperature rose to 101° F. Next day well-marked friction sounds were heard. On the sixth day, the temperature rose to 103° F., respiration, 41. He became very weak, and sinking rapidly died the following day. An autopsy showed miliary tuberculosis of the pleura of both lungs—of the entire right lung,, and upper two-thirds of left. The liver and kidneys also contained a few tubercles. The epididymis of the right testicle was entirely caseous. A microscopic examination of the ulcer revealed numerous tubercles in its floor, and also among the muscle fibres of the tongue. This is supposed to have been a case of tubercular ulcer of the tongue, with a condition of latent general tuberculosis, which was lighted up by the operation.—*Annals of Surgery*, November, 1888.

E. W. M.

#### Skin Diseases in the Negro.

Dr. R. B. Morison, of Baltimore, has preserved histories of five hundred cases of skin diseases in negroes, which show that they differ from the same diseases in the white race.

Acne and lesions due to pediculi and insect-bites are uncommon. Mosquitoes, the cimex lectularius, and insects in general, do not produce the same ill effects.

Ainhum is peculiar to the race, two cases having been seen; one man had lost one little toe, and that of the opposite foot was affected.

Chancre is more indurated, and more frequently complicated with phimosi.

Chloasma appeared to show a lessening of pigment, instead of an increase.

Chilblain is common.

Elephantiasis Arabum mostly follows syphilis.

Erythema multiforme is difficult to diagnose, as are all erythematous conditions.

Eczema appears to be more amenable to treatment; 129 cases are recorded.

Favus and pediculi capitis are rare.

Keloid appears common, especially false keloid after injuries. It is seen following variola and zoster, and after piercing the ears.

Lupus is seldom encountered.

Lymphadenitis is quite common.

Pruritus is much complained of, and it is said that syphilitic lesions itch in this race.

Scabies was rarely seen.

Syphilis is abundant.

Scaly and pustular lesions are often seen.

Urticaria wheals do not seem to be so elevated, but very itchy.

Dr. Atkinson reported a pustular folliculitis very frequent in young, closely-shaven negroes. The pustules penetrate into the follicles of the beard without producing that degree of irritation which is to be called sycosis. He thinks that 50 per cent. of young negroes who shave very close have it.

He has noticed that it is common to find deep and permanent pigmentation after the application of a mustard plaster.

Involution occurs after a time in keloidal tumors; they become flaccid, and, after some years, soft.

Pediculosis appeared to him to be as frequent in colored as in white children.

Acute exanthemata produce, upon desquamating, a peppered appearance, looking as though the skin were dusty or sprinkled with fine powder. In scarlatina it is due to the slight elevation of the papules, which is not evident in Caucasians.

Dr. Heitzmann takes issue with Dr. Morison on the subject of chloasma. The former pertinently asks how can a diminution of the normal pigment be termed chloasma, an increased pigmentation being usually understood by that name.—*Journ. of Cutan. and Vener. Diseases.* E. M. G.

#### Tobacco and Bacteria

The popular belief in the germicidal virtues of tobacco smoke (which we note has been revived in connection with the alleged immunity enjoyed by the segar makers of Florida during the recent yellow-fever epidemic) has received some confirmation in the scientific researches of Tassinari. In a preliminary note on his experiments he describes the simple apparatus he designed to test the effect of exposure to the fumes of tobacco on pathogenic organisms. The apparatus consists of a chamber formed from two glass funnels placed horizontally and connected at their mouths by paraffine. In this chamber is suspended from a loop of platinum a small piece of linen, with the threads of its lower extremity immersed in a culture fluid containing the microbes. The chamber is connected at one end by a tube with a cigar or cigarette, and at the other by a tube containing a plug of cotton wool (to serve as a filter) with the mouth of the experimenter. The smoke, therefore, as it is exhaled surrounds the linen soaked in the culture fluid, and, after the experiment, which lasts thirty or thirty-five minutes, involving the consumption of from three-and-a-half to four-and-a-half grammes of tobacco, the chamber is opened and the linen allowed to fall into a test-tube containing fluid gelatine. Control experiments were, of course, made. The micro-organisms subject to this treatment included: 1. *Spirillum cholerae asiaticæ*. 2. *Spirillum Finkler-Prior*. 3. *Spirillum anthracis*. 4. *Bacillus typho-abdominalis*. 5. *Bacillus pneumoniae* (Friedlander). 6. *Staphylococcus pyogenes aureus*. 7. *Bacillus prodigiosus*. The result varied with the variety of the tobacco and the kind of microbe, but in every instance there was marked (sometimes very great) delay in the development of colonies in the gelatine as compared with that of organisms dealt with similarly, but without exposure to tobacco smoke. Indeed the development of some was entirely prevented. For example, in the third series of experiments cited, where large Virginia cigars were used, the development of *Bacillus prodigiosus* was delayed for seventy-two hours, that of *Staphylococcus pyogenes aureus* for seventy-three hours, that of *Bacillus anthracis* for ninety-seven hours; whilst of the others mentioned above, no development of colonies took place after from a hundred and twenty-eight to a hundred and sixty-eight hours. Tassinari attributes these results to the chemical action of the ingredients of tobacco smoke. He proposes to extend his researches more fully, both as regards the effects of different kinds of tobacco upon these and other micro-organisms, especially the tubercle bacillus, and to determine the time of exposure as well as the amount of tobacco necessary to produce the full effect. He hopes also to ascertain what substance or substances are responsible for the germicide action.—*The Lancet*, October 15, 1888.

#### A Case of Deficient Œsophagus.

Mr. Chas. Steele reports in the *Lancet* the case of an infant twenty-four hours old, who shortly after being given nourishment, a little of which was taken readily, became very livid, and had difficulty in breathing, and then returned the food and appeared no worse. The infant was put under the influence of chloroform. Mr. Steele then opened the abdomen above the umbilicus in the median line exposed the stomach, and stitched it at four points to the skin. A bougie was passed down towards the stomach, and another up from the stomach for a short distance; but they did not touch each other by what was judged to be an inch and a half. A gum-elastic catheter was then cut in half and passed from below; a long steel probe was then introduced into the catheter, and pressed upwards as much as was justifiable, in case the lower part of the tube might be



twisted or narrowed, and capable of being rendered pervious. All was of no avail.—*The Lancet*, October 20, 1888.

**Night Terror and Screaming in a Child Cured by the Removal of the Tonsils.**

Scatliffe reports the case of a boy aged seven years, to all appearances in good health, whose parents thought that he was going out of his mind. He seemed to be quite well during the day, took his food with appetite, and had good spirits; but every night, after he had been asleep some time, he used to wake up in a state of great terror and alarm, cry out and refuse to be comforted—his cries frequently aroused the neighbors. In a short time he would become composed, and would lie down quietly to sleep again. A careful examination showed the tonsils to be enlarged. There was otherwise nothing wrong. The removal of the tonsils was followed by the disappearance of the night-terror.—*The Lancet*, October 6, 1888.

**Buckwheat as an Article of Diet in Diabetus Mellitus.**

Although buckwheat is rich in starch as are all cereals of its class, it does not, according to the observations of Dr. P. S. Root, seem to have the effect of increasing the amount of sugar in the urine, as do most other starchy foods in diabetus mellitus. In the cases in which he has used it, cakes made from the flour could be taken with impunity; whereas a return to the ordinary diet of wheaten bread, potatoes, or other starchy foods was invariably followed by an aggravation of the symptoms. It is a very grateful addition to the strict diet upon which such patients are generally put. He offers no explanation why the starch of this flour is not converted into glycogen, or, if converted, why it does not show itself in the urine, but suggests that possibly the conversion does take place, the pabulum resulting being stored up instead of excreted in the urine.—*Am. Lancet*, October, 1888.

E. W. M.

**Use of Antipyrine in the Nasal Passages.**

Dr. F. Whitchall Hinckel summarizes his experience with the antipyrine spray in four cases. He reports as follows:

1. A solution of antipyrine possesses hæmostatic properties when sprayed into the nose, though not superior to cocaine.

2. Antipyrine in about 4 per cent. solution may be used upon the nasal mucous membrane with temporary relief to occlusion from engorgement of the turbinates, and with sedative effects upon irritable states.

3. It is most effective where the element of irritation exceeds that of inflammation.

4. It presents an advantage over cocaine in not producing local numbness and dryness, and in the absence of general stimulating properties of cocaine, causing sleeplessness, headaches, etc. In cases, such as hay-fever, where an agent of relief is used for long periods antipyrine as a nasal spray is less likely to produce constitutional disturbances or to lead to a "habit."

5. Antipyrine presents the disadvantage of causing more or less severe smarting, and of being unequal to the relief of severe inflammation or extreme occlusion of the nares.

6. Its antiseptic and stimulant properties will probably make it serviceable as an application to fresh wounds, and to granulations and ulcerations in the nasal chambers.

7. Combined with cocaine it increases the local action of the latter, enabling it to be used in weaker solution.—*N. Y. Medical Journal*, October 20, 1888.

E. W. M.

**Toxicological Effects of Boracic Acid.**

Dr. Geo. Q. Welch reports several cases where in the treatment of leucorrhœa the vagina was packed with boracic acid, and in which cases well-marked and alarming toxic symptoms were produced. The poison resembled that of caustic and carbonated alkalis. The patients exhibited

symptoms of collapse, coldness of the skin—the temperature falling in one case to 97.6° F., pulse rapid and feeble—respiration quickened, eyes sunken, and the voice weak and whispering. They were very low spirited and depressed—sighing and weeping by turns. There was a peculiar charred appearance of the skin of the hands, face, and feet, as if they had been dipped into a solution of caustic alkali, which was followed later by desquamation when it was worst affected. The mucous membrane of the vagina had a corroded appearance, and was noticeably cool on first examining. An excoriating leucorrhœa and an eczema of the vulva were present. The amount of boracic acid used varied from one to two ounces at intervals of seven days, placed in the upper portion of the vagina, and retained by a tampon of dry absorbent cotton until the third day. The patients were relieved by the use of stimulents and injections of hot water into the vagina to remove the remaining acid.—*Medical Record*, November 3, 1888. E. W. M.

#### Lanolin and Boric Acid in Skin Diseases in Children.

The combination of lanolin and boric acid as an ointment is said to have a most gratifying effect in certain skin diseases in children, especially eczema of the head and face, intertrigo, and seborrhœa. In the case of eczema, for example, with raw patches on the cheeks and yellow crusts on the head, the surface is first cleaned in the usual way, and then dusted over with finely powdered boric acid. On the following day this washing and dusting over is repeated; already the inflammation will seem lessened. The process is then repeated twice daily, the washing being always done gently, until the skin is in a condition to bear an ointment containing 30 per cent. of lanolin and 8 per cent. of boric acid. In the squamous form of eczema, with considerable induration, olive oil is well rubbed in and then removed with castile soap, and an ointment containing,  $\frac{1}{2}$  or 1 per cent. of salicylic acid with 30 per cent. of lanolin is energetically applied according to the degree of induration. This washing and application are repeated twice daily. The striking beneficial action of this course of treatment, which is less painful than the use of strong alkalies or oil of cade, is ascribed to the penetrating properties of lanolin, which thus facilitates the entrance of salicylic acid into the deeper layer of the epidermis. Dr. Russel Sturgis, who advocates the above treatment, also finds lanolin a reliable means of alleviating the irritation due to chronic urticaria.—*British Medical Journal*, October 20, 1888. E. W. M.

#### Ether for Pediculi Pubis.

In the *Monatshefte für praktische Dermatologie* it is proposed to destroy pediculi pubis by a single application of ether in spray. This procedure is less injurious to the skin than the application of chloroform, which likewise accomplishes the same object.—*Medical News*, Oct. 27, 1888.

E. W. M.

#### Artificial Suppression of Menstruation for Chlorosis.

Dr. Loewenthal relates the history of twenty-three cases in which this measure had been employed with advantage in chlorosis. The method employed consisted in injections of hot water of the temperature of at least 49° C., with complete rest in bed. In some very rare cases iced water was used preferably to hot water. In eighteen cases the remedy was employed for pure chlorosis. The five others comprised two cases of grave hysteria and three of convalescence from exhausting maladies. In these latter the convalescence was shortened. One of the hysterical patients received a marked advantage, and all the chlorotic were cured with surprising rapidity, and without further medication, after from three to five menstrual suppressions. No grave consequences were noted.—*Archives of Gynecology*, November, 1888.

E. W. M.



## Dilatation of the Urethra to Relieve Retention of Urine following Delivery.

As a cystitis is so liable to be developed from frequent catheterization, Dr. Shatz has called attention to a simple method of relieving retention, which he considers preferable to the ordinary practice. He employs an instrument like a glove stretcher, which is introduced into the bladder and opened, the sphincter vesicæ being dilated so that the tip of the little finger can be passed through it. The pain is slight and ceases immediately after the operation. There may be slight hæmorrhage. He believes that the practice should become general, since it is so much less harmful than the frequent use of catheters. He was unable to give a satisfactory explanation of the *modus operandi* of the operation, but he was led to test it by comparing the physiology of vesical with that of uterine contraction. In normal urination the detrusor was not to be regarded as the antagonist of the sphincter vesicæ, but the former could, however, relax the sphincter. In most women the bladder was actually in diastole during micturition, so that it was necessary to infer the presence of some other mechanism for relaxing the sphincter—either a passive relaxation of the latter muscle or active contraction of its antagonists, which were inserted somewhere on the pubic bones. If these muscles were torn during parturition they might be powerless to relax the sphincter. Positive relaxation of the sphincter itself would naturally take place more rapidly if, after being swollen and irritated, it was rendered more pliant by stretching. Dilatation was also applicable to retention in the non-puerperal woman, but it was more uncertain in its results. It was especially applicable to retention after operations.—*Archives of Gynæcology*, November, 1888. E. W. M.

## Rickets.

In the *Trans. Br. Med. Assoc'n*, Dr. Wm. B. Cheadle says: I may sum up the etiology by saying that ordinary rickets is primarily a diet disease. It can be caused as well as cured by diet. The chief defect appears to be a want of animal fat. There is also, probably, a deficiency of phosphate of lime; and, thirdly, a deficiency of nitrogenous matter or proteid greatly intensifies the conditions. Rickets is influenced by other conditions, such as want of light and want of air, and is affected largely by the concurrent existence of syphilis and scurvy. As to the question of prevention, proper hygienic conditions sum up the whole matter pretty well. The food must be carefully attended to. As to the question whether enlargement of the liver and spleen is always present in rickets, more or less, or only in cases of syphilitic origin, I believe the latter. Treatment should be more by food than by drugs. In these days children are over-drugged—are saturated with drugs. Cream, or milk which contains cream, is more valuable than cod-liver oil; although in the case of the poor, who cannot obtain the milk in abundance, the oil is an efficient substitute. Raw meat is a more curative treatment than iron. The foods must have fats, proteid, and phosphate of lime—the agents to be combined with fresh air and other favorable hygienic conditions.—*Archives of Gynæcology*, Nov., 1888.

## Splenectomy.

The operation of splenectomy was performed recently by Surgeon W. K. Hatch, at the Sir J. J. Hospital, Bombay. The patient was put under chloroform, and Dr. Hatch, with the assistance of Drs. Banks, Manser, Dimmock, and Galleghar, removed the spleen successfully. Collapse followed, and it was deemed necessary to perform transfusion of blood. A Parsi student, Mr. Hirji J. Dady Sett, of Grant College, volunteered to give his blood in order to save the life of the patient, and several deep incisions were made on Mr. Dady's right hand. But Mr. Dady Sett fainted and transfusion was not carried out, and Bhaiji died within twenty minutes after the operation. This operation was the second of its kind in Bombay. The first was performed by Dr. Blanc some ten years ago, and it, too, proved unsuccessful.—*Medical News*, November 24, 1888.

# MONTHLY RETROSPECT

## OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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UNDER THE CHARGE OF

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### MATERIA MEDICA.

**ALOE SOCOTRINA AS AN ANTI-PSORIC.**—"This remedy alone, without the necessity of following it with a so-called anti-psoric, has proved curative in my hands in old intestinal and hæmorrhoidal affections, which, in several instances, were followed by the reappearance of cutaneous diseases known to have been suppressed by external means."—Dr. W. P. Wesselhæft, *Homœopathic Physician*, November.

**CAPELLA OR THLASPI BURSA PASTORIS.**—Dr. R. E. Dudgeon, in the October *Monthly Homœopathic Review*, gives a resume of the medical literature concerning *thlaspi bursa pastoris*, and cites several cases in which the drug proved useful in "gravel."

For a woman, whose abdominal cavity and lower extremities were dropsical, and whose urine contained a large amount of blood, Dr. Dudgeon prescribed *bursa pastoris*, 30 drops, five times a day, with the intention of controlling the hæmaturia. To his astonishment, the remedy caused a copious discharge of renal sand. The urinary discharge also increased, the œdema and dropsy disappeared, and the patient recovered.

A follower of Rademacher, Dr. Kinie, is quoted as relating a case of a woman who, three weeks after accouchement, was affected with strangury. She could not retain her urine, which dribbled away, drop by drop, with constant pain in the urethra. The urine was turbid, and had a deep-red sediment. 30 drops, five times a day, of the tincture of *thlaspi* caused the strangury to disappear at once, and the urine could be retained after a few days. In eight days the urine became clear, and was without sediment.

Dr. Hannon found *thlaspi* very useful in hæmorrhage, when the blood was poor in fibrine.

Dr. Heer used the medicine in the dysuria of old persons, when the passage of urine was painful, and there was, at the same time, spasmodic retention. Following the administration of the medicine, large quantities of white and red sand were discharged, and the troublesome symptoms disappeared.

Dr. Jousset, after sabina, secale, crocus and tampons saturated with chloride of iron, had failed in a case of hæmorrhage, after a three months' miscarriage, on the recommendation of Dr. Tessier, gave *thlaspi*, 20 drops of the mother tincture. At the second spoonful the hæmorrhage ceased. Jousset also found the drug useful in hæmorrhage with severe uterine colic with clots of blood; in hæmorrhage following miscarriage; in the metrorrhagias of the menopause, and in the bleeding from cervical cancer. The dilutions of the drug proved useful in some cases.

Dr. Dudgeon relates a case, treated by him, and afterwards by Dr.



Rafinesque: "A young French widow was treated by me for a severe attack of jaundice, from which she made a good recovery. But, after this, she suffered for a couple of months from a very peculiar discharge after the catamenial flux. It had the appearance of brownish, grumous blood, and was attended by obscure, abdominal pains. The cervix uteri was swollen and soft, but not ulcerated. I tried all I knew to stop this discharge, but without success. She went back to Paris, and put herself under Dr. Rafinesque, who was her ordinary medical attendant. He tried several different medicines without any effect on the discharge. At last he gave *thlaspi*, 6th dilution, and this had an immediate good effect. Afterwards he gave the mother tincture, 10 drops in 200 grammes of water, by spoonfuls, and again in the 6th dilution, and, after keeping her on this medicine for some weeks, the discharge was completely cured."

Illustrative of the action of *thlaspi* in the presence of excessive quantities of uric acid in the urine, Dr. Dudgeon cites the case of a lady, aged seventy-six, who had rheumatic, muscular pains in various parts, and constant profuse perspirations, night and day. She also had an abundant discharge of uric acid. Sometimes the uric acid formed small calculi, which gave much pain in their passage down the ureters, but it generally appeared in the form of coarse sand. The sand continued to pass after the cessation of the sweats and rheumatic pains, which lasted six or seven weeks. Pulsatilla, lycopodium and picric acid failed, but *thlaspi*, 1st dilution, diminished the sand very much.

**FICUS INDICA.**—The following are symptoms occurring in cases where this drug has been found useful in the practice of D. N. Banerjee, of Calcutta: Depression, with weariness as from loss of sleep; late falling asleep, but then sleeps a long time; sadness, discouragement and increased irritability; loss of intellectual power, confused ideas, forgetfulness; vertigo, especially upon rising from a recumbent position; heaviness, dulness, confusion of head with flushes; sensation of obstruction in the ears and hardness of hearing; flying pain along spine; rheumatic pains in the shoulder-joint and hands; frequent palpitation, worse from slight motion and mental exertion; fever, with sensation of heat over the whole body; collection of saliva, sweetish taste, loss of appetite, sensation of discomfort in the stomach and distension of the abdomen, constipation; excessive flow of urine, urine passes involuntarily, excess of phosphates in the urine, urine albuminous or not; painful drawing in the spermatic cords, spermatorrhœa, urethral discharge like gonorrhœa.—*Report Calcutta Homœopathic Dispensary*.

**PLATINA IN PSYCHIC DISTURBANCES.**—Dr. Henry B. Stiles, writing concerning the action of *platina* in mental states, says: The field of platina action comprises the brain, the spinal cord and the greater nervous branches thereof, especially the great splanchnic distributed through the abdomen, and the uterine nerves of the hypogastric plexus. This action comprehended, it is easier to understand why platina so greatly depontenizes and depresses the nervous life, and why it acts curatively upon defects in moral and psychic life. Dunham is quoted as declaring that the mental symptoms denote the forms of hysteria in which platina is useful. In platina the mind rises in defiant and distorted superiority over the cause of vexation or sorrow, and becomes, first, demonstratively apprehensive, then alternately demonstratively lachrymose and boisterously merry, and at last absurdly supercilious. Whatever the frame of mind may be, it is always demonstrative.—*N. Y. Medical Times*, November.

**SILICEA AS A HEART REMEDY.**—Silicea has the symptom "palpitation, while sitting quietly, so that the hand, in which he is holding something, trembles." Hahnemann giving silicea according to other symptoms, cured an unpainful beating, throbbing and hammering in the breastbone. Dr. Brauns gave silicea to a boy, of twelve years of age, who suffered, in spells, with a most violent hammering palpitation. Aconite had lessened it a

little, and sepia seemed to overcome the hard shocks of the heart. Aurum proved useless, the attacks continuing. Dr. Brauns found that the boy was always attacked after quick or violent motion, as playing ball, etc., and gave *silicea* 30. Even six months later the boy had had no attacks. The boy had been subject to panaritria, and at times they had been checked by washing with water from a tub used by a blacksmith to cool hot iron. According to Goullon, the pains of *silicea* are increased by exercise; but, until Dr. Brauns published his case, it was not known that the modality of motion was also operative as an exciting cause of palpitation. Other physicians have corroborated the same symptom. *Silicea* is not mentioned in any of the cases collected by Ruekert and Oehme. In all cases cured by *silicea* alone, there were no signs of an organic disease; but in some cases, where organic change was present, *silicea* proved of great service.—Dr. J. M. Miller, *Homoeopathic Physician*, November.

**A TABACUM AGGRAVATION.**—Dr. Dudgeon relates the case of a lady, aged 70, who had been ailing for a year with constant pain in the stomach, vomiting of all food and sometimes of mucus and blood. She moaned constantly on account of the pain. The bowel movements were small and light-colored, and the urine the color of blood. She slept badly. Her diet was champagne and biscuits exclusively. The feeling of sickness at the stomach was intense and constant. Arsenicum 3 only slightly relieved the pain, the other symptoms remaining unchanged. *Tabacum* 2 a drop every three hours, was prescribed. In a few days she looked much better, no longer moaned, and said the pain had left her, but she was unable to take more food than before. She complained that, since she had taken the last medicine, she had been tormented by a strong smell of tobacco, and, while she admitted feeling better, the tobacco odor was extremely odious to her. Other possible sources than the minute doses of the drug for the odor were absent.—*Monthly Homoeopathic Review*, October.

**REMEDIES HAVING DISTURBANCES OF SPEECH.**—Dr. Samuel Lilienthal supplements the article of Dr. Lee on "Remedies for Stuttering," which was excerpted from the *Homoeopathic Physician*, and appeared in last month's *HAHNEMANNIAN MONTHLY*, with the following remedies showing speech disturbances:

*Anacardium*.—When speaking, he finds it difficult to utter certain words, as if his tongue were too heavy; great mental weakness; he fails to know what and how to say it; heaviness of tongue, and a sensation as if swollen; impeded speech.

*Artemisia vulgaris*.—Speech unintelligible; can utter but single words, and these only with great exertion; froth at the mouth.

*Argentum nitricum*.—Speech stammering, cannot talk from spasms of the muscles of the tongue and throat; ptyalism; limbs, especially his knees, start up at night, awaking him; hands tremble; foul breath.

*Asufœtida*.—Neuroses of hysterical and scrofulous people; speech unintelligible; tongue white, swollen; frequent muscular jactitations in arms and legs; constantly chewing and working frothy slime out of his mouth.

*Calcarea ostrearum*.—Speech is difficult and clumsy; tongue pushed upward and to the left; copious flow of viscid saliva; ravenous hunger with weak stomach; bulimy in the morning; trembling motion of the upper and lower limbs in spells.

*Causticum*.—Stuttering, difficult, indistinct speech; muscles of the tongue so affected that speech is thick and words are jerked out; salivation; ravenous hunger, takes food in a hurried manner; twisting and jerking of the limbs.

*Cicuta*.—Speech difficult, from having no control over movements of mouth and tongue; great hunger shortly after a meal; irresistible desire to eat coal; jerking of limbs.

*Crocus sativa*.—Absence of mind and forgetfulness, makes constant mistakes in words; music is the only thing which clings to his mind.

*Kali bromidum*.—Disturbances of speech, emanating from brain, medulla,



or spinal cord ; action of tongue disordered ; stammering ; slow and difficult speech after waking ; profuse saliva with fetid breath ; fitfulness of motion, must be on the move.

*Lac caninum*.—Difficulty in articulating, owing to a paretic state of the tongue, causing stuttering if she talks fast ; has to speak very slowly ; mouth full of frothy saliva.

*Lachesis*.—Stammering, letters *s, b, t, w* ; stammering comes with second or third word or, not in a whole period ; saliva abundant and tenacious ; hunger, cannot wait for food ; jerking of extremities, with restlessness.

*Laurocerasus*.—Indistinct speech, and gets angry when not understood ; unusual appetite.

*Lycopodium*.—Cannot read, because he makes mistakes in letters ; he can write correctly, but cannot read what he wrote ; leaves out syllables, and cannot find the right word for common things ; tongue stiff ; stuttering without any appreciable cause.

*Platina*.—Stuttering, her voice sounds as if she had something in her mouth, as if the posterior organs of speech were covered and clumsy ; hysterical disturbances of speech.

*Spigelia*.—Repeats the first syllable of the first word several times, after that speaks plainly ; helminthiasis.

*Zincum*.—Echo speech ; patients repeat in a monotonous, singing way the words and sentences of their neighbor without being conscious of it ; weakness of the organs of speech when reading (*tabacum*).—*Homœopathic Physician*, November.

#### THERAPEUTICS.

PLATINA IN MENTAL DISEASE.—Dr. Henry R. Stiles, in the *New York Medical Times* for November, writes of his experience in a case of insanity confined in the Middletown Asylum : “ In the case of a lady who frequently mounted her ‘ high horse,’ and when so mounted was not only ludicrously but aggravatingly ‘ a whole head and shoulders ’ above every one else around her, the hospital physicians gained considerable satisfaction from the suddenness with which, by means of a dose or two of *platina*, they could bring her down again to solid earth, and the rational course of ordinary life.”

HEADACHE AGGRAVATIONS.—According to Dr. J. W. Carter, the headache of *picric acid* is aggravated by excitement ; that of *cimic fuga* and *clematis erecta* by worry ; that of *ammonium valerianate* by agitation ; that of *gelsemium* and *scutellaria* by excitement ; that of *epiphegus* by especially the excitement of shopping and visiting, sleep and rest relieving, and when there is nervous exhaustion. The pain of *epiphegus* is generally in the forehead, with blurred sight, and with nausea and vomiting.—*Homœopathic World*, November.

THE HEADACHE OF GUARANIN.—“ The nervous headache indicating *guaranin* generally arises from an excessive use of tea and coffee and errors of diet, with great mental depression. The pain of *guaranin* invariably commences at the right temple and from thence radiates over the whole head.”—Dr. J. W. Carter, *Homœopathic World*, November.

ILEX PARAGUAYENSIS IN HEADACHES.—In five-drop doses of the tincture, given in hot water frequently, Dr. J. W. Carter has found *ilex paraguayensis* a useful medicine in nervous headaches, especially where the pains are over the eyes, the forehead, or in the temples—although the whole head may be involved. The face is flushed, and there is an excited look about the eyes. The headaches are especially brought on by excitement, agitation, and worry—say, by shopping, visiting, or any extra exertion of mind or body. A headache, with vomiting, induced while travelling by train, has been cured by the *ilex paraguayensis*.—*Homœopathic World*, November.

VERATRUM VIRIDE IN MENINGITIS.—In a case of meningitis supervening upon an acute otitis media, where the gravity of the symptoms was such that life was despaired of, *veratrum viride* 0 and 3, administered

by Dr. G. W. Winterburn, brought about a rapid convalescence.—*Trans. Hom. Med. Soc. of Michigan*, 1888.

**SULPHUR IN CATARACT.**—In the report of the Calcutta Homœopathic Charitable Dispensary, the cure of a case of lenticular cataract, in an adult aged 56 years, is attributed to *sulphur* 3x.

**AMBLYOPIA POTATORUM.**—A civil engineer, aged 41, consulted Dr. F. P. Green for an eye trouble that had existed for a year and a half. The patient had been addicted to the use of alcohol for about three years, and smoked from eight to ten cigars a day. Although he had stopped drinking, he imagined he could see all sorts of people in gaudy uniforms and elegantly-dressed ladies. He knew this was an hallucination, but he could see them. He was rational in every respect. For insomnia he had taken large doses of bromide of potash, and during the administration of this drug his vision failed rapidly. An examination revealed that vision in each eye was  $\frac{1}{20}$ . He was color-blind for red and green. The field of vision, taken ten inches from the eye, measured only eight inches in diameter. The optic disk was pale, and there was slight physiological cupping, the inner border being surrounded by a dark ring of pigment. A diagnosis of beginning atrophy of the optic nerve was made, and a guarded prognosis given. The patient complained of the following symptoms: Great restlessness; constant desire to move about, but movement gave no relief; dizziness on going up or down stairs; the floor seemed near, causing him to step too high; forgetful; he would start to do something and forget all about it before accomplishing the object; severe aching in the back and legs. *Onosmodium virginianum* 3x was prescribed. The unpleasant symptoms, including the hallucinations, were relieved in a week. *Nux vomica* 2x was then substituted, and the patient's sight improved until his vision was  $\frac{2}{30}$ . Improvement ceased, and *nux vomica* in a higher potency was administered without result. Hypodermic injections of strychnia  $\frac{1}{100}$ th of a grain once a day, for two weeks, were also without result. Atrophic changes had already occurred, but his vision still remains  $\frac{2}{30}$ , and he suffers no great inconvenience in pursuing his vocation as civil engineer.—*Southern Journal of Homœopathy*, September.

**RETINITIS APOPLECTICA.**—Dr. T. W. Payne reports the cure of five cases of retinitis apoplectica, one with *iodine* (given for two years); one with *aurum*, one with *kali hydriodicum*, one with *alumina*, and one with *natrum muriaticum*. Other remedies, as *kali carb.*, *sulphur*, *crotalus*, *pulsatilla* and *nux vomica* were given in these cases intercurrently, and were of service in removing special symptoms.—*Medical Advance*, October.

**PARENCHYMATOUS KERATITIS.**—"From a study of the cases of parenchymatous inflammation of the cornea in which the *potassium chloride* has been given, it is found to be especially adapted to the non-vascular variety of the inflammation. *Aurum muriaticum*, *cannabis* and *mercury* are oftener called for where the cornea is vascular and inflammation more active. *Calcarea phosphorica* is also of value in the non-vascular form of diffuse keratitis, but the photophobia is more marked than under *kali muriaticum*, and the scrofulous cachexia so indicative of lime is well pronounced. When *kali muriaticum* is required there may be some photophobia and lachrymation, but it is never excessive as is the case in the remedies above mentioned. The pains are not distinctive either in character or time of aggravation, but are always very moderate in intensity, even in the early stages of the disease. The conjunctival redness is always present in a greater or less degree, but it is never excessive, bright red and fiery, as in the more sthenic type of the disease. The above indications for *kali muriaticum* hold good for all other corneal diseases, in which it is a remedy of great importance. In ulceration of the cornea, however, it will often be found that the base of the ulcer is vascular."—Dr. Geo. S. Norton, *California Homœopath*, November.



**STRYCHNIA IN EYE DISEASES.**—J. S. F., journalist, aged 51, consulted Dr. F. P. Green for an eye trouble from which he had been suffering for more than a year. Old-school oculists had salivated him with mercurial inunctions, and declared that nothing more could be done for him, and that he would ultimately become blind. Examination showed his vision to be O. D.  $\frac{2}{30}$ , O. S.  $\frac{1}{20}$ . The face of the optic disk was pale and showed the lamina cribrosa, while the arteries were perceptibly lessened in calibre and the long veins tortuous and full. Color blindness had existed for some months, and the field of vision was greatly contracted. Over the centre of the left pupil was a slight corneal opacity. The patient had become extremely despondent, and was totally incapacitated for business. *Nux vomica* relieved some digestive symptoms and made the eyes feel better, but the vision was unimproved. Subcutaneous injections of *strychnia*  $\frac{1}{100}$  grain were given on and off until the vision was finally in the right eye  $\frac{2}{30}$  and in the left  $\frac{2}{30}$ , with a plus 40 glass. A plus 40 glass was given for near vision. While some atrophic changes had occurred, the patient could attend to his own business without any trouble.—*Southern Journal of Homœopathy*, September.

**AMMONIUM CARBONICUM IN INFLUENZA.**—Dr. G. W. Sherbino relates a very rapid cure of a case of influenza with one dose of *ammonium carbonicum*. Some of the symptoms were: Hot water running from the nose and mouth, sneezing; when the paroxysms came on, she had to catch on to her nose and hold it tightly to relieve the tingling and disposition to sneeze; the least breath of cool air aggravated or brought on sneezing.—*Southern Journal of Homœopathy*, September.

**HÆMATOXYLON IN APHONIA.**—Dr. Berridge gave to Miss E., aged 45, who had nearly lost her voice from getting overheated, *hæmatoxylon* 5m, one dose, and the case soon recovered. The indicating symptom was a feeling of a bar across the centre of the chest.—*Medical Advance*, November.

**CYANIDE OF MERCURY IN DIPHTHERITIC LARYNGITIS.**—Dr. E. H. Packer reports the cure of two cases of diphtheritic laryngitis consecutive to the pharyngeal form of the disease with the *cyanide of mercury* 6x trit., as the principal remedy. *Spongia* 30, *kali bichromicum* 2c, and sulphur 2c were given also at various times during the course of the disease for well-known symptoms. The rooms in which the patients were confined were kept at a temperature of 80° F., and the atmosphere kept saturated with moisture.—*New England Medical Gazette*, November.

**VERATRUM VIRIDE IN PNEUMONIA.**—Dr. George William Winterburn reports a case having all the symptoms of a beginning pneumonia quickly aborted by the administration of *veratrum viride* 3x, the prominent indications being the high temperature and the full, bounding, rapid pulse.—*Trans. Hom. Med. Soc. of Michigan*, 1888.

**VERATRUM VIRIDE IN CARDIAC DISEASE.**—"G. W. S., aged 39, a builder, had suffered for several years from cardiac debility, caused by scarlet fever. The heart was considerably hypertrophied, and there was mitral insufficiency. The pulse was feeble, and about 60 per minute. Any exertion would cause it suddenly to rise to 90 or 100 pulsations per minute, and it might remain elevated for hours. There was no pain in the præcordial region, and his general health was very good. He took two grains of the third trituration of *veratrum viride*, night and morning, for several months, with manifest advantage. The heart became less irritable, and no longer responded to slight exertions. The mitral regurgitation apparently entirely disappeared, and the pulse became normal in strength and frequency."—Dr. G. W. Winterburn, *Trans. Hom. Med. Soc. of Michigan*, 1888.

**BELLADONNA IN ERUCTATION.**—Mrs. B., aged 40, suffered from inodorous eructations for eight months. The eructations occurred every

half-minute, associated with furred tongue, full feeling in the stomach (even when empty of food), palpitation of the heart, and headache. Her complexion was doughy, temperature normal, and urine and stool free. *Belladonna* was given thrice daily for three days, when all the symptoms abated.—*Report Calcutta Hom. Dispensary*.

KREOSOTE IN GASEOUS ERUCTATIONS.—After *pulsatilla* and *belladonna* had failed, and the nitrate only aggravated, in a case of dyspepsia occurring in a girl of ten, in whom the most distressing symptom was eructation (occurring three hundred times in one day), *kreosote* 2x, given by Dr. Harmer Smith, soon relieved.—*Homœopathic World*, November.

SYZIGIUM JAMBOLANUM IN DYSPEPSIA.—A case of chronic dyspepsia, in which *nux vomica* failed to cure, yielded to *syzigium* within six days at the Calcutta Homœopathic Charitable Dispensary.

ÆGLE MARMELOS IN DIARRHŒA.—With this Indian remedy two boys, aged respectively 8 and 10 years, were cured within one week of an offensive diarrhœa, the stools being white and yellow, and associated with thirst, burning in the stomach and bowels, and fever.—*Report Calcutta Hom. Dispensary*.

TABACUM IN CONSTIPATION.—Dr. Dudgeon cured with *tabacum* 3, an old lady whose bowels had been a source of annoyance to her for twenty years. One or two enemata were always required before a movement of the bowels could be secured. The stools were clay-colored or mottled (clay and brown).—*Monthly Homœopathic Review*, October.

NATRUM PHOSPHORICUM IN VERMINOUS AFFECTIONS.—Dr. A. C. Kimball reports that a boy, aged 5 years, had spasms, and had been treated by several physicians without benefit. After using *natrum phosphoricum* 3 for six weeks, he passed four feet three inches of tape-worm. *Natrum phosphoricum* is supposed to be especially efficient in pin-worms.—*California Homœopath*, November.

JABORANDI IN A PECULIAR CASE.—Dr. Dudgeon, in the *Monthly Homœopathic Review* for October, relates a case (which he does not specifically diagnose), relieved rapidly with *jaborandi* 1. The patient, a man, æt. 45, suffered for a whole day from rapidly repeated attacks in which his face and neck suddenly flushed crimson, and the perspiration broke out in drops all over the forehead and face, extending to the body, which literally dropped moisture, as if he had just emerged from a bath. Soon the face grew pale and the extremities icy cold, though still wet with perspiration. He felt intensely sick, and vomited some acid mucus. The pulse was 60, regular and strong, and the temperature below normal.

VERATRUM VIRIDE IN POST-SCARLATINAL DROPSY.—Dr. George W. Winterburn cured a case of post-scarlatinal dropsy in a few days with *veratrum viride* 3. In addition to the usual symptoms there were present nausea and occasionally vomiting of a small quantity of ropy mucus, cold extremities, covered with a sticky perspiration, slight cardiac irregularity, and dyspnoea.—*Trans. Hom. Med. Soc. of Michigan*, 1888.

KALI BICHROMICUM AND PHOSPHORIC ACID IN GONORRHŒA.—Dr. Alfred Pulford cured a case of gonorrhœa of fifteen months' standing (after the failure of a number of allopaths, who treated the case *secundum artem*) with *kali bichromicum* 6x and *phosphoric acid*. The symptoms were: Narrowing of the urethra in the region of the prostate; the urine passed in a thin stream, with much pain and burning during and a minute or so after; a drop seemed to remain behind and trouble him for a long time; occasionally a burning far back in the urethra; the urethral discharge at the beginning of the disease had been tough and stringy. He had also a



post-nasal catarrh with a similar discharge. The patient was decidedly better in two weeks; the urine was discharged freely, and the uncomfortable symptoms had all passed away. The discharge—a few drops—turned into a prostaticorrhœa, and immediately after every erection there was a discharge of a teaspoonful or more of prostatic fluid. Kali bichromicum failed to relieve this new condition: but *phosphoric acid*, given on an indication furnished by Burt, “discharge of prostatic fluid before or after an erection,” finished the cure.—*Medical Advance*, October.

**MAGNESIA PHOSPHORICA IN AGUE.**—A Frenchman, who had been taking quinine for a long time for intermittent fever without success, gave Dr. G. W. Sherbino an opportunity to prescribe successfully *magnesia phosphorica* 3x. Symptoms: About two hours before the chill the patient experienced a pain in the back of the neck, extending from thence down to the lower part of the lumbar region. He described the pain as sickening, with stupidity and sleepiness. During the chill he suffered from cramps in the lower limbs, relieved by having some one extend them. He experienced thirst before and during the chill, and felt relieved so soon as sweat appeared.—*Southern Journal of Homœopathy*, September.

**REMEDIES USEFUL IN YELLOW FEVER.**—Dr. W. H. Holcombe, in the October *Southern Journal of Homœopathy*, outlines the medicinal treatment thus: Begin treatment with *aconite* 3, 10 drops in half a glass of water, given every half hour until the patient is in a good perspiration. In mild cases no other remedy is needed for the febrile stage. If, however, after twelve hours, the fever is still high and the pain severe, *belladonna* 3 and *bryonia* 3, 10 drops of each in separate half glasses of water, are alternated. This alternation should be continued until the fever has decidedly abated or disappeared. Five drops of *ipæcacuanha* 3, in a tablespoonful of water, after each vomiting spell, will soon cause the symptom to subside. Sleeplessness and restlessness at night are controlled by *coffea* 30, in one-third of a glass of water, two teaspoonfuls being given every five or ten minutes. If delirium be present, with the sleeplessness and restlessness, *hyoscyamus* 3 is of more service. If the fever does not subside, and brain symptoms appear, indicating threatening meningitis, *gelsemium* 3 is of value. If convulsions threaten or occur *gelsemium* 3 should be alternated with *cuprum aceticum* 3 every fifteen minutes. When the fever goes off, and the patient thinks himself well (which is far from being the case), *arsenicum* 3 and *lachesis* 6, in water, should be given in alternation. The symptoms likely to give trouble in the second stage are vomiting, exhaustion, hæmorrhages, and suppression of urine. The *arsenicum* 3 and *lachesis* 6 have a tendency to prevent these occurrences, and the *arsenicum* particularly, should be kept up all along. Milk and lime-water sometimes check the vomiting in the beginning. If the vomited matters are sour a few grains of *carbonate of soda*, in water after every vomiting, should be given. *Ipecacuanha* may also be useful in this stage, as it was in the first. When signs of black vomit appear *argentum nitricum* is the best remedy, given, 10 drops to a tablespoonful of water, after every vomiting spell. If the *argentum* fails give *sulpho-carbolate of soda*, 5 grains, in a little water. Champagne is the sovereign remedy for quick relief from the exhaustion. When any blood appears from the stomach, the gums, the nose, the throat, or in the discharges, alternate *crotales* 6 with the *arsenicum*, leaving off the *lachesis*. *Plumbum* 2x and *ergotine* 2x suit hæmorrhages from the stomach and bowels; *gallic acid* 1x from the gums and mouth; *gallic acid* and *terebinthina* 2x from the kidneys; and *ergotine* 2x from the uterus. *Sweet spirit of nitre* is useful in suppression of urine. If the suppression is associated with stupor and delirium *apis* 2x and *opium* 3x, alternated every half hour, may save the patient. *Carbo veg.* 12x is the last resort. If a malarial element is intermixed with the later stages *quinine* is valuable. *China* 3x is of service during convalescence.

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